

# ADHS/CRS at St. Joseph's Hospital Phoenix

## **Administrative Review** **Contract Year Ending 2007**



**July 1, 2006 through March 31, 2007**

Conducted by the Arizona Department of Health Services  
Office for Children with Special Health Care Needs  
Children's Rehabilitative Services Administration

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# Fact Sheet

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE FOR CHILDREN WITH SPECIAL NEEDS  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION (CRSA)  
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# Fact Sheet

## ***REGIONAL CONTRACTOR REVIEW TEAM:***

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# Executive Summary

Children's Rehabilitative Services Administration (CRSA) was created to improve children's quality of life by providing family-centered medical treatment, rehabilitation, and related support services to enrolled individuals who have certain medical, handicapping, or potentially handicapping conditions. In 1997, CRSA and the Office for Children with Special Health Care Needs (OCSHCN) were merged, permitting a coordinated and comprehensive approach to the planning, implementation and evaluation of programs and policies. Today CRSA serves approximately 20,000 children statewide.

The primary objectives of ADHS/CRSA Administrative Review are to:

- Determine if the CRS at St. Joseph's Hospital satisfactorily meets CRSA/AHCCCS' requirements as specified in the ADHS/CRS Contract, CRSA/AHCCCS policies, Balanced Budget Act of 1997 (BBA) and the Arizona Administrative Code (AAC).
- Perform oversight of CRS at St. Joseph's as required by the Centers for Medicare and Medicaid Services in accordance with AHCCCS' 1115 waiver.
- Increase knowledge of the CRS at St. Joseph's operational and financial procedures.
- Provide technical assistance to the CRS at St. Joseph's.
- Identify areas where improvements can be made.
- Identify areas of noteworthy performance and accomplishments.
- Review progress in implementing recommendations made during prior Administrative Reviews.
- Determine if the CRS at St. Joseph's complies with its own policies.
- Evaluate the effectiveness of those policies and procedures.

The ADHS/CRSA Review Team will include employees of the CRSA Divisions of Compliance; Quality Management; Medical Management; Clinical Programs; Consumer Rights; and Finance.

CRSA provided CRS of St. Joseph's with the standards approximately two weeks prior to the onsite review. The Review Team performed an extensive document review, conducted interviews with appropriate CRS at St. Joseph's personnel. A brief summary and performance assessment of each program area follows:

**Claims Systems:** CRS of St. Joseph's Claims processing staff have done a great job in bringing their policies and procedures into alignment with the changes implemented in CRSA Chapter 50 of the Policy and Procedure Manual (RCPPM) this past year.

CRS at St. Joseph's has many processes in place to ensure current and accurate member insurance information. Full compliance in this area should be met with the implementation of the TPL standard to refer select cases to the appropriate CRSA representative.

**Cultural Competency:** CRS at St. Joseph's has a solid cultural competency program that provides materials and services that are compatible with the member's cultural needs. The Clinic displays signage informing members of the availability of interpretation and translation services placed at the entrance of the building and other prominent locations. CRS at St. Joe's needs to implement a process to assess the cultural and linguistic needs of the population it serves.

**Financial Management:** CRS at St. Joseph's has policy and procedures that reflect the requirements for business continuity, claims and encounter processing including coordination of benefits and third party liability. CRS at St. Joseph's must ensure that the financial statements submitted are in line with the CRSA Financial Reporting Guide.

**General Administration:** CRS at St. Joseph's was fully compliant with all General Administration standards. They have developed an adequate integrity program and appear to be continuing to build and improve on the many required elements. Specific improvement can be made in the areas of audits, policies and procedures. CHW may consider including the CRS at St. Joseph's clinic in its regularly planned audits. The CRS at St. Joseph's designated Corporate Compliance Officer needs to be a regular standing member of the CHW Corporate Compliance Committee and attend the scheduled meetings.

**Grievance Systems:** CRS at St. Joseph's has policies and procedures in place to address service denials and meet notification requirements. CRS at St. Joseph's has significantly improved in meeting compliance to the notification

standards, recently resulting in a Notice to Cure dissolution. CRS at St. Joseph's has policies and procedures in place to meet all appeal and/or grievances requirements. It is recommended that CRS at St. Joseph's internally assure that grievances and appeals are not under-reported.

CRS at St. Joseph's currently has a very efficient system to identify, process, and report claim disputes in a timely manner.

**Medical Management:** CRS at St. Joseph's has improved its performance in all areas of Medical Management and compliance with ADHS/CRSA and AHCCCS standards. Currently all standards are Partial to Full Compliance. CRS at St. Joseph's has developed and does adhere to many standardized policies and processes. Policies and or forms noted in the recommendations sections must be created or modified to ensure adherence to quality medical management practices. CRS at St. Joseph's needs to pay special attention to its concurrent review process to be compliance with the BBA, AHCCCS and CRSA guidelines. CRSA will provide technical support upon request.

**Member Services:** All materials in the New Member Orientation Packet have been approved by CRSA. However, CRS at St. Joseph's must develop a process to document the distribution of the New Member Orientation Packet to members within ten (10) days of enrollment. CRS at St. Joseph's provided documentation of staff trainings; but should consider the development and utilization of a process to document additional training as needed.

**Network Sufficiency:** CRS at St. Joseph's has produced all required policies and procedures related to its provider network, and have recently implemented a process for improving the time lag in receiving referrals from managed care. CRS at St. Joseph's improved its adherence to the 45-day timeline for a greater number of its specialty clinics in 3<sup>rd</sup> quarter compared to the previous two quarters, however, large gaps still remain. CRS at St. Joseph's must improve its efforts to meet the 45-day timeline for member referrals to specialty clinic appointments to demonstrate sufficient and adequate network management.

**Quality Management:** CRS at St. Joseph's is accredited by The Joint Commission from 2004 to 2007, therefore, receiving deemed status for appropriate staffing, medical record review, and credentialing/re-credentialing. CRS at St. Joseph's was fully compliant in 7 of 12 Quality Management standards. CRS at St. Joseph's made significant strides in improving compliance with CRSA defined Performance Improvement Projects (PIPs).

CRS of St. Joseph's was not able to document monitoring and oversight of their delegated services. The contractor should improve their process to implement corrective action for identified deficiencies, as well as, establish evaluation reports and CAP documentation.

CRS at St. Joseph's must improve its performance measures as defined by its contract obligations (minimum standard of 75% with a goal of 90% for each measure). CRS at St. Joseph's must improve the timeliness of delivery of medical eligibility notification, denial eligibility notification, and communication of consultation reports within 30 days of the first clinic visit.



# Findings

## ***Rating Definitions***

CRSA usually rates the REGIONAL CONTRACTOR based on the percentage of the findings that meet each standard. When a different methodology is used, CRSA notes it in the standard. Compliance is determined as follows:

**Full Compliance:** REGIONAL CONTRACTOR is 90-100% in compliance with the standard or sub-standard findings.

**Substantial Compliance:** REGIONAL CONTRACTOR is 75-89% in compliance with the standard or sub-standard findings.

**Partial Compliance:** REGIONAL CONTRACTOR is 50-74% in compliance with the standard or sub-standard findings.

**Non-Compliance:** REGIONAL CONTRACTOR is 0-49% in compliance with the standard or sub-standard findings.

**Not Rated:** This standard does apply to REGIONAL CONTRACTOR; however, and will not be scored during this review period.

## ***Recommendation Definitions***

**REGIONAL CONTRACTOR must....**This indicates a critical non-compliance with the CRSA contract that the Regional Contractor must correct as soon as possible.

**REGIONAL CONTRACTOR should consider....**This is a suggestion by the Review Team to improve operations of CRSA, although not directly related to contract compliance.

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ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

**CLAIMS SYSTEM**

STANDARDS	FINDINGS	RECOMMENDATIONS
CS1	FC	
CS2	FC	
CS3	FC	
CS4	PC	CRS at St. Joseph's must ensure consistent and timely adjudication of claims within contract requirements.
CS5	FC	
CS6	FC	
CS7	FC	
CS8	FC	
CS9	FC	
CS10	FC	
CS11	FC	
CS12	FC	
CS13	FC	

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CS14	FC	
CS14A	PC	CRS at St. Joseph's must be in compliance with contractual requirements for slow payment penalties.
CS15	SC	CRS at St. Joseph's must show evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).
CS16	FC	
CS17	FC	

**FC = Full Compliance  
Applicable**

**SC = Substantial Compliance**

**PC = Partial Compliance**

**NC = Non-Compliance**

**NA = Not**

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**CULTURAL COMPETENCY**

STANDARDS	FINDINGS	RECOMMENDATIONS
CC1	FC	
CC2	FC	
CC3	FC	
CC4	FC	
CC5	FC	
CC6	FC	

**FC = Full Compliance  
Applicable**

**SC = Substantial Compliance**

**PC = Partial Compliance**

**NC = Non-Compliance**

**NA = Not**

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**FINANCIAL MANAGEMENT**

STANDARDS	FINDINGS	RECOMMENDATIONS
FM1	FC	
FM2	FC	
FM3	FC	
FM4	FC	
FM5	FC	
TPL1	FC	
TPL2	FC	
TPL3	NR	
TPL4	FC	

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**GENERAL ADMINISTRATION**

STANDARDS	FINDINGS	RECOMMENDATIONS
GA1	FC	
GA2	FC	
GA3	FC	
GA4	FC	
GA5	FC	

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Applicable**

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**NA = Not**

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**GRIEVANCE SERVICES**

STANDARDS	FINDINGS	RECOMMENDATIONS
GS1	PC	CRS at St. Joseph's must provide members with written Notice of Action/Notices of Extension that meet required format standards.
GS2	SC	CRS at St. Joseph's must provide members with written Notices of Action that meet required content standards.
GS3	PC	CRS at St. Joseph's must provide members with written Notices of Action within the required timeframes.
GS4	PC	CRS at St. Joseph's must provide the member with a written Notice of Extension when taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when the CRS at St. Joseph's determines that the service requested is not a CRS covered benefit, and refers the request to the member's AHCCCS plan.
GS4A	PC	CRS at St. Joseph's must provide members with written Notices of Extension that meet required content standards.
GS4B	PC	CRS at St. Joseph's must provide timely, written notification to the member's AHCCCS plan when CRS at St. Joseph's determines that the service requested is not a CRS covered benefit.
GS5	FC	
GS6	FC	
GS7	FC	
GS8	FC	
GS9	FC	
GS10	FC	

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GS11	FC	
GS12	FC	
GS13	FC	
GS14	FC	
GS15	NR	
GS16	NR	
GS17	FC	
GS18	PC	CRS at St. Joseph's must record all required information in the Database, including the AHCCCS ID, Enrolling diagnosis, and Provider/Entity.
GS19	FC	
GS20	NR	
GS21	FC	
GS22	SC	CRS at St. Joseph's claim dispute notice of decision must include all required information.
GS23	FC	
GS24	FC	

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Applicable**

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**NC = Non-Compliance**

**NA = Not**



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**MEDICAL MANAGEMENT**

STANDARDS	FINDINGS	RECOMMENDATIONS
MM1	PC	CRS at St. Joseph's must ensure full implementation of utilization program requirements by developing management policies to address the range of services to be utilized. The topics of DME, drug utilization, and new medical technologies must be included.
MM2	PC	CRS at St. Joseph's must document medical/utilization management issues regularly, analysis of aggregate data, identification of trends and variances, implementation of interventions and review of recommendations. Discussion of data and its related trends should take place in regularly scheduled meetings attended by appropriate staff, and be reflected with action items in the meeting minutes.
MM3	FC	
MM4	FC	
MM5	FC	
MM6	SC	CRS at St. Joseph's must document in a policy its plan for inter-rater reliability training and testing, as well as activities to ensure consistency of applying standardized criteria.
MM6A	FC	
MM7	FC	
MM8	FC	
MM9	PC	CRS at St. Joseph's must ensure that concurrent reviews meet required timelines; and document a new review date each time a concurrent review is conducted.
MM9A	FC	

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STANDARDS	FINDINGS	RECOMMENDATIONS
MM10	SC	CRS at St. Joseph's must improve documentation to members' PCPs to support quality medical management.

**FC = Full Compliance  
Applicable**

**SC = Substantial Compliance**

**PC = Partial Compliance**

**NC = Non-Compliance**

**NA = Not**

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**MEMBER SERVICES**

STANDARDS	FINDINGS	RECOMMENDATIONS
MS1	SC	CRS at St. Joseph's must develop a process to document the distribution of the New Member Orientation Packet to members within ten (10) days of enrollment.
MS2	FC	
MS3	FC	
MS4	FC	
MS5	SC	CRS at St. Joseph's must have a process in place to identify additional trainings needed.

**FC = Full Compliance  
Applicable**

**SC = Substantial Compliance**

**PC = Partial Compliance**

**NC = Non-Compliance**

**NA = Not**

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**NETWORK SUFFICIENCY**

STANDARDS	FINDINGS	RECOMMENDATIONS
NS1	PC	CRS at St. Joseph's must improve the efforts to meet 45-days timelines for member's referrals to specialty clinic appointments.
NS2	FC	
NS3	FC	
NS4	FC	
NS5	FC	
NS6	FC	

FC = Full Compliance    FC    SC = Substantial Compliance    PC = Partial Compliance    NC = Non-Compliance    NA = Not Applicable

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**QUALITY MANAGEMENT**

STANDARDS	FINDINGS	RECOMMENDATIONS
QM1	FC	
QM2	FC	
QM3	FC	
QM4	PC	<p>Children's Rehabilitative Services at St. Joseph's Hospital Phoenix should consider developing a policy/process for monitoring its delegated entities on an ongoing basis.</p> <p>Children's Rehabilitative Services at St. Joseph's Hospital Phoenix must formalize an annual review of its delegated entities.</p> <p>Children's Rehabilitative Services at St. Joseph's Hospital Phoenix must ensure that the subcontractor implements corrective action if any deficiencies are identified.</p> <p>Children's Rehabilitative Services at St. Joseph's Hospital Phoenix must have CAP documentation, as necessary, to ensure quality for all delegated activities.</p>
QM5	PC	CRS at St. Joseph's must fully implement its procedure for identifying quality of care issues anywhere within the care system.
QM6	SC	CRS at St. Joseph's must establish a process to monitor the success of interventions implemented to address QOC concerns.
QM7	NC	<p>CRS at St. Joseph's must ensure the accuracy of the performance measure data submitted in order for the minimum performance measure to be considered valid.</p> <p>CRS at St. Joseph's must maintain a performance score of 75% or higher on all performance measures.</p>

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STANDARDS	FINDINGS	RECOMMENDATIONS
		Phoenix CRS must develop and implement corrective actions to obtain, at least, the minimal performance standards.
QM8	FC	
QM9	FC	
QM10	FC	
QM11	NC	CRS at St. Joseph's must ensure the consultation report is sent to both the referring physician and health plan/program contractor within 30 days of the first clinic visit and is documented in the medical record. CRS at St. Joseph's must ensure the approval notices to both the referring physician and health/plan program contractor are sent within 10 working days and are documented in the medical record. CRS at St. Joseph's must ensure eligibility denial notifications are sent to both the referring physician and health plan/program contractor within 5 working days of denial determination and are documented in the medical record.
QM12	FC	

**FC = Full Compliance  
Applicable**

**SC = Substantial Compliance**

**PC = Partial Compliance**

**NC = Non-Compliance**

**NA = Not**

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**Claim Systems**

**ADHS REVIEW TEAM:**

**Cynthia Layne, Chief Financial Officer  
Jerri Gray, HIPAA/Data Manager  
Cheryl Prescott, CRS Finance Manager**

**CONTRACTOR STAFF:**

**Don Graf, Manager of Business Operation**

**DATE OF REVIEW:**

**May 22 - 24, 2007**

**ADHS/OCSHCN  
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**Claim Systems**

**Standard:**

**CS 1**

REGIONAL CONTRACTOR has at least monthly aged claims inventory tracking reports.  
Citations: 42 CFR 438.242(a); ADHS/Regional Contractor Contract #HP361008, Task 10

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have adequate claims inventory tracking reports.

**Documents Reviewed:**

CRS at St. Joseph's Claims Aging Reports for July 2006 through March 2007

**Comments:** None

**Recommendations:** None



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**Claim Systems**

**Standard:**

**CS 2**

REGIONAL CONTRACTOR has reports to identify aged claims inventory on the last day of the month.

Citations: 42 CFR 438.242(a); ADHS/Regional Contractor Contract #HP361008, Task 10

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have adequate reports to identify aged claims on the last day of the month.

**Documents Reviewed:**

CRS at St. Joseph's Claims Inventory Reports for September 2006 through March 2007

**Comments:** None

**Recommendations:** None

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**Claim Systems**

**Standard:**

**CS 3**

REGIONAL CONTRACTOR has policies and procedures in place regarding the adjudication of 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt.

Citations: 42 CFR 447.45(d); RCPM 50.200(2)

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have adequate policy and procedures regarding the required adjudication of 90% of clean claims within 30 days from date of receipt and 99% of clean claims within 60 days of date of receipt.

**Documents Reviewed:**

CRS at St. Joseph's Claim Adjudication Rules; Claim Adjudication Process Policy

**Comments:** CRS at St. Joseph's procedures are that claims are entered into the claim's system within two business days of receipt and claims pended for additional information longer than 30 days are denied.

**Recommendations:** None

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**Claim Systems**

**Standard: CS 4**

REGIONAL CONTRACTOR adjudicates 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt (unless otherwise specified in Regional Contractor contract).

Citations: 42 CFR 447.45(d); RCPDM 50.200(2)

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does show evidence of claims adjudicating 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt. (50%)

**Documents Reviewed:**

CRS at St. Joseph's Claims Aging Reports for July 2006 through March 2007

**Comments:**

CRS at St. Joseph's has an overall adjudication rate of 92.9% for clean claims within 30 days of receipt and an overall adjudication rate of 94.7% for clean claims within 60 days of receipt.

**Recommendations:**

CRS at St. Joseph's must ensure consistent and timely adjudication of claims are within contract requirements.

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**Claim Systems**

**Standard:**

**CS 5**

REGIONAL CONTRACTOR has policies and procedures on timely identification and recoupment of erroneously paid claims, and on identification of claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment.

Citations: 42 CFR 438.242(a); RCPPM 50.200(2)

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have adequate policy and procedures identifying and recouping erroneously paid claims.

REGIONAL CONTRACTOR does have adequate policy and procedures identifying claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment.

**Documents Reviewed:**

CRS at St. Joseph's Post Payment Recovery Policy; Cost Avoidance Policy; Coordination of Benefits Policy

**Comments:** None

**Recommendations:** None

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**Claim Systems**

**Standard:**

**CS 6**

REGIONAL CONTRACTOR applies the policies and procedures on timely identification and recoupment of erroneously paid claims. REGIONAL CONTRACTOR has a process to identify claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment.

Citations: 42 CFR 438.242(a); RCPM 50-200(11)

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does apply the policy and procedures regarding the identification and recoupment of erroneously paid claims.

REGIONAL CONTRACTOR does have a process to identify claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment.

REGIONAL CONTRACTOR does reconcile paid claims to the encounters submitted to CRSA to ensure that all paid claims have been encountered.

**Documents Reviewed:**

CRS at St. Joseph's Overpayment and Underpayment Logs for July 2006 through March 2007; Letter reviewing claims reports submitted for quarters ended 9/30/06 and 12/31/06; Regional Contractor's response to letter reviewing claims reports submitted for quarters ended 9/30/06 and 12/31/06

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
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**Claim Systems**

**Standard:**

**CS 7**

REGIONAL CONTRACTOR voids/adjusts the original encounter when a recoupment is made due to the identification of an erroneously paid claim (claim that should have originally been denied) or when a recoupment is made due to incorrect data or processing (e.g., when demographic, Clinical or financial data is changed)

Citations: 42 CFR 438.242(b); ADHS/Regional Contractor Contract #HP361008, Task 10; RCPDM 50-200(11)(C)

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have adequate policy and procedures describing the adjustment/voided encounter processing when a previously paid encounter is later recouped or voided.

**Documents Reviewed:**

CRS at St. Joseph's Overpayment and Underpayment Logs for July 2006 through March 2007; Letter reviewing claims reports submitted for quarters ended 9/30/06 and 12/31/06; Regional Contractor's response to letter reviewing claims reports submitted for quarters ended 9/30/06 and 12/31/06

**Comments:** None

**Recommendations:** None

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**Claim Systems**

**Standard:**

**CS 8**

REGIONAL CONTRACTOR has policies and procedures on reprocessing and paying all overturned claims disputes in a manner consistent with the decision within 10 business days of the decision.

Citations: 42 CFR 438.424; RCPPM 50-502

**Rating: FULL COMPLIANCE**

**Findings:**

CRS at St. Joseph's does have adequate policy and procedures describing the reprocessing and paying of overturned claims disputes, consistent with the decision, within 10 business days of the decision.

**Documents Reviewed:**

CRS at St. Joseph's Claims Disputes Policy; Claims Adjudication Process Policy; Provider Manual – Claims Disputes Reprocess

**Comments:** None

**Recommendations:** None

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**Claim Systems**

**Standard:**

**CS 9**

The Regional Contractor has a mechanism in place to inform providers of the appropriate place to send claims.

Citation: 42 CFR 438.242

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have a mechanism in place to inform providers of the appropriate place to send claims.

**Documents Reviewed:**

CRS at St. Joseph's Provider Manual, Claim Submission Policy

**Comments:** None

**Recommendations:** None



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**Claim Systems**

**Standard:**

**CS 10**

The Regional Contractor has a quality assurance program that ensures that claims processing personnel are continually monitored to ensure claims are processed to industry standards for accuracy. Claims processing personnel are formally trained to process the CRS claims.

Citations: RCPPM 50-200 (11), (12) (G) (13); ADHS/Regional Contractor Contract #HP361008, Special Terms and Conditions 7(B); AAC R9-22-703, 705

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have a quality assurance program that ensures that claims processing personnel are continually monitored to ensure claims are processed to industry standards for accuracy.

REGIONAL CONTRACTOR does ensure that its claims processing personnel are trained to process CRS claims.

**Documents Reviewed:**

CRS at St. Joseph's Claims Examiner Training Policy; Claims Processing Training Logs for July 2006 through March 2007

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Claim Systems**

**Standard:**

**CS 11**

REGIONAL CONTRACTOR submits an accurate and timely Deleted Encounters log.

Citations: CYE 06 ADHS/Regional Contractor Contract #HP361008, Task 10; RCPPM 50-200 (12)(F)

**Rating: FULL COMPLIANCE**

**Findings:**

The REGIONAL CONTRACTOR does submit accurate and timely Deleted Encounters log.

**Documents Reviewed:**

CRS at St. Joseph's Deleted Encounter Reports for July 2006 through March 2007

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Claim Systems**

**Standard:**

**CS 12**

The REGIONAL CONTRACTOR's remittance advice to providers must contain, at a minimum, adequate description of all denials and adjustments, the reasons for such denials and adjustments, the amount billed, the amount paid, and provider rights for claim dispute.

Citations: AHCCCS Administration Encounter reporting User Manual; RCPDM 50-200 (4)

**Rating: FULL COMPLIANCE**

**Findings:**

The REGIONAL CONTRACTOR's remittance advice to providers does contain, at a minimum, adequate description of all denials and adjustments, the reasons for such denials and adjustments, the amount billed, the amount paid, and provider rights for claim dispute.

**Documents Reviewed:**

CRS at St. Joseph's Remittance Advice; Claims with Details report; List of Denial Reasons, Claims Dispute Process

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Claim Systems**

**Standard:**

**CS 13**

The REGIONAL CONTRACTOR has a policy or process to notify CRSA of any cumulative recoupment greater than \$50,000 per provider per contract year.

Citations: RCPPM 50-200 (1) (11)

**Rating: FULL COMPLIANCE**

**Findings:**

The REGIONAL CONTRACTOR does notify CRSA of any cumulative recoupment greater than \$50,000 per provider per contract year.

**Documents Reviewed:**

CRS at St. Joseph's recoupment notification E-mails; Recoupment Listing by Provider; Claims Overpayments and Underpayments Log for July 2006 through March 2007; Post Payment Recovery Policy

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Claim Systems**

**Standard:**

**CS 14**

The REGIONAL CONTRACTOR has a policy or process to request approval from CRSA prior to recouping monies from a provider later than 12 months after the date of original payment on a clean claim.

Citations: RCPPM 50-200 (1)

**Rating: FULL COMPLIANCE**

**Findings:**

The REGIONAL CONTRACTOR does have a policy or process to request approval from CRSA prior to recouping monies from a provider later than 12 months after the date of original payment on a clean claim.

**Documents Reviewed:**

CRS at St. Joseph's Post Payment Recovery Policy

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Claim Systems**

**Standard:  
CS 14 A**

The REGIONAL CONTRACTOR pays a slow payment penalty on hospital clean claims in accordance with A.R.S. 2903.01. (unless otherwise specified in provider subcontract)  
Citations: RCPDM 50-200 (5) (C)

**Rating: PARTIAL COMPLIANCE**

**Findings:**

The REGIONAL CONTRACTOR does not pay a slow payment penalty on hospital clean claims in accordance with A.R.S. 2903.01. (unless otherwise specified in provider subcontract (75%))

**Documents Reviewed:** CRS at St. Joseph's Claim Submission Policy; Analysis of number of claims where hospital clean claim quick pay discount and slow pay penalties would have applied

**Comments:**

As of March 2007, CRS at St. Joseph's was not in compliance with the quick pay slow pay rules. Since the rule changed, contract amendments and custom program changes have been underway to get into compliance. To date, all contract amendments are in place and system programming is underway.

**Recommendations:**

CRS at St. Joseph's must be in compliance with contractual requirements for slow payment penalties.

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Claim Systems**

**Standard:**

**CS 15**

The REGIONAL CONTRACTOR shows evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).

Citations: RCPPM 50-200 (7) (B)

**Rating: SUBSTANTIAL COMPLIANCE**

**Findings:**

The REGIONAL CONTRACTOR does shows evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM)

**Documents Reviewed:** CRS at St. Joseph's Provider Manual; Claims Adjudication Process Policy; Ad Hoc reports of claims received electronically from October 2006 through February 2007

**Comments:**

Review of the CRS at St. Joseph's Ad Hoc reports of claims received electronically show an overall rate of 24% of claims was received electronically from October 2006 through 2007. The months of December 2006 and January 2007 had respective rates of 31% and 25% of claims received electronically.

**Recommendations:**

CRS at St. Joseph's must show evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Claim Systems**

**Standard:**

**CS 16**

The REGIONAL CONTRACTOR has a process to audit processing accuracy for both manual and auto adjudicated claims.

Citations: RCPDM 50-200 (11), (12) (G)

**Rating: FULL COMPLIANCE**

**Findings:**

The REGIONAL CONTRACTOR does have a process to audit processing accuracy for both manual and auto adjudicated claims.

**Documents Reviewed:**

CRS at St. Joseph's Claim Audit Policy; Claim Adjudication Process Policy; Claims Examiner Training Policy; Claims Accuracy Reports for July 2006 through March 2007

**Comments:** None

**Recommendations:** None



**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Claim Systems**

**Standard:**

**CS 17**

The REGIONAL CONTRACTOR's health information system collects, analyzes, integrates, and reports data on claim disputes and appeals. The REGIONAL CONTRACTOR utilizes data from the claims dispute to adjust operations, as necessary.

Citations: [42 CFR 438.242(a); RCPDM 50-202 (4)]

**Rating: FULL COMPLIANCE**

**Findings:**

The REGIONAL CONTRACTOR's information system does collect, analyze, integrate, and report data on claim disputes and appeals.

The REGIONAL CONTRACTOR does utilize data from the claims dispute to adjust operations, as necessary.

**Documents Reviewed:**

CRS at St. Joseph's Claims Disputes Policy; Provider Claims Disputes Log for January 2007; Information brought to QM Committee quarterly for review and analysis (QM Minutes August 2006, October 2006 and January 2007)

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
2007 ADMINISTRATIVE REVIEW TOOL -- Phoenix**

**Cultural Competency**

**ADHS REVIEW TEAM:** Norma Garcia-Torres, Diversity and Inclusion Administrator,  
Linda Hamman, Family/Youth Involvement Program Manager

**CONTRACTOR STAFF:** Don Graf, Manager of Business Operations  
Myra Kingsley, Corporate Compliance  
Paulette Sawyer, Managed Care manager  
Lisa Bonuff, Quality Management

**DATE OF REVIEW:** May 22 - 24, 2007

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
2007 ADMINISTRATIVE REVIEW TOOL -- Phoenix**

**Cultural Competency**

**Standard:**

**CC 1**

REGIONAL CONTRACTOR ensures that its subcontractors maintain a cultural competency program and that its members receive materials and services that are compatible with the members' cultural needs.

Citations: 42 CFR 438.206 (c), Contract #HP361008, RCPDM Chapter 40

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does maintain a cultural competency program.

REGIONAL CONTRACTOR does have a cultural competency program that provides materials and services that are compatible with the member's cultural needs.

REGIONAL CONTRACTOR does periodically assess the cultural and linguistic needs of the population it serves to ensure service capacity meets those needs.

REGIONAL CONTRACTOR does participate in CRSA requirements to promote the delivery of services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

**Documents Reviewed:**

Copy of Cultural Competency session attendance sign in sheet – 1 hour training

Brochure "Information at your finger tips" written in English and Spanish with information on language access services

Website with some pages in Spanish

List of Doctors that speak languages other than English

Cyacom language line use sheet for one year – with CRS detail use

List of Spanish interpreters

Medical records review tool for CRS medical records

Satisfaction Survey - 1-06 and 6-06

Copy of the Hospital new employee training with section on Cultural needs

Copy of CRS Clinic Provider Orientation Program that includes section on cultural competencies

Cyacom Language use # Of calls 7/06-12/06

Cyacom Language line use by language 1/07-3/07 and 4/07-6/07

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
2007 ADMINISTRATIVE REVIEW TOOL -- Phoenix**

**Cultural Competency**

**Comments:**

CRS at St. Joseph's should consider using the data from the Cyracom Language line and the St. Joseph's Program Ethnicity Report (3-07-6-07) to anticipate future member needs.

**Recommendations:** None

**ADHS/OC SHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
2007 ADMINISTRATIVE REVIEW TOOL -- Phoenix**

**Cultural Competency**

**Standard:**

**CC 2**

REGIONAL CONTRACTOR ensures that all staff and volunteers attend training/education sessions on awareness and sensitivity to culture and socioeconomic conditions of the CRS population and CLAS standards.

Citations: 42 CFR 438.10 (c), Contract #HP361008, RCPM Chapter 40.513.8

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does provide or make available cultural competency training/education for its staff or volunteers.

REGIONAL CONTRACTOR does provide or make available CLAS standards training/education for its staff or volunteers.

REGIONAL CONTRACTOR does maintain agenda, sign in sheets and other documents to ensure its staff and volunteers have attended cultural competency sessions and CLAS standards.

**Documents Reviewed:**

Copy of Cultural Competency session attendance sign in sheet – 1 hour training

Copy of the Hospital new employee training with section on Cultural and Spiritual Sensitivity and Interpreter services

Copy of "CRS Clinic Provider Orientation Program" overview that includes section on culture

Sign in sheet for LEP and CLAS standards training provided by CRS – 2 social work staff took training

Flyer offering Spanish classes outside of work for a fee

Training provided for bilingual staff and staff interpreters

**Comments:**

CRS at St. Joseph's will be providing its staff the opportunity to participate in the CRS cultural competency trainings and those from other sources to further enhance staff knowledge of other cultures and how to address diverse member needs.

**Recommendations: None**

**ADHS/OC SHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
2007 ADMINISTRATIVE REVIEW TOOL -- Phoenix**

**Cultural Competency**

**Standard:**

**CC 3**

REGIONAL CONTRACTOR ensures that interpretation and translation services are made available to its members and documented in the member's medical record.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCPM Chapter 40. 513.2, Chapter 40.513.7

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does notify its members on how to access oral interpretation and translation services.

REGIONAL CONTRACTOR does document in the member's medical record the member's preferred language during the enrollment/intake process.

REGIONAL CONTRACTOR does document in the member's medical record whether oral interpretation services were provided.  
100 % of (10) medical files reviewed contained documentation of interpretation services.

**Documents Reviewed:**

Web page site - Spanish with minimal information and not completely translated

Information packet

Member Handbook

Flyer in Spanish and English for member on how to access interpretation and translation and dedicated TTY #

Medical record review - having Spanish as a primary language

**Comments:** None

**Recommendations:** None

**ADHS/OC SHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
2007 ADMINISTRATIVE REVIEW TOOL -- Phoenix**

**Cultural Competency**

**Standard:**

**CC 4**

REGIONAL CONTRACTOR provides language assistance services, and ensures its providers have language assistance services that meet federal and state requirements.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCPDM Chapter 40. 513.2, Chapter 40.513.7

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does provide languages assistance services that meet federal and state requirements, including bilingual staff and interpreter services:

- at all points of contact;
- at no cost to each CRS member with Limited English Proficiency (LEP);
- in a timely manner;
- during all hours of operation;
- With easily understood patient-related materials; and
- With signage in the languages of the commonly encountered groups and/or groups represented in the service area, conspicuously posted public area such as a facility waiting room.

REGIONAL CONTRACTOR does/does not ensure its providers have language assistance services that meet federal and state requirements, including bilingual staff and interpreter services: (Not Rated)

- at all points of contact;
- at no cost to each CRS member with Limited English Proficiency (LEP);
- in a timely manner;
- during all hours of operation;
- with easily understood patient-related materials; and
- with signage in the languages of the commonly encountered groups and/or groups represented in the service area, conspicuously posted public area such as a facility waiting room.

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Cultural Competency**

**Documents Reviewed:**

Language line contract with Cyracom  
Member Handbook  
Information Packet  
List of Providers that speak a language other than English  
Translation Services Policy referenced  
Provides translation services at PAC meetings  
Process to inform employees on how to access language services  
Flyer in Spanish and English for member on how to access interpretation and translation and dedicated TTY #  
Signage at the main entrance hallway  
Medical records – having Spanish as a primary language

**Comments:**

A review of medical records showed that in 6 cases, members filled out Spanish applications, but received English language CRS eligibility or denial of eligibility letters. CRS at St. Joe's should mail important member-related materials such as eligibility and denial letters in the language preferred by members who have completed the CRS application.

**Recommendations:** None



**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
2007 ADMINISTRATIVE REVIEW TOOL -- Phoenix**

**Cultural Competency**

**Standard:**

**CC5**

REGIONAL CONTRACTOR provides and ensures its providers make both verbal offers and written notices informing CRS members of their right to receive language assistance services in their preferred languages and or alternative format.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCPPI Chapter 40.513.2

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does provide both verbal offers and written notices informing CRS members of their right to receive language assistance services in their preferred languages and or alternative format.

REGIONAL CONTRACTOR does/ does not ensure its providers make verbal offers and written notices informing CRS members of their right to receive language assistance services in their preferred languages and or alternative format. (Not Rated)

**Documents Reviewed:**

Member Handbook  
New Member Orientation Packet  
Web page site - Spanish  
Letters and PAC newsletters  
Signage was observed only at the main floor entrance hallway

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Cultural Competency**

**Standard:**

**CC6**

REGIONAL CONTRACTOR ensures the competence of language assistance provided to LEP persons by interpreters and bilingual staff.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCPDM Chapter 40. 513.2, Chapter 40.513.7

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does ensure the competence of language assistance provided by interpreters and bilingual staff.

REGIONAL CONTRACTOR does/does not ensure that its providers ensure the competence of language assistance provided by interpreters and bilingual staff. (Not Rated)

**Documents Reviewed:**

Contract with language line service

Policy on Translation Services – includes procedure on how to contact interpreters, in what situations are interpreters are used, internal process for certification of bilingual employees and the level of skill they can be used in, telephonic interpreters, interpreter role, documentation of language assistance, translation of documents

Certification of internal staff

Sign language provided by outside contractor

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Financial Management**

**ADHS REVIEW TEAM:**

**Cynthia Layne, Chief Financial Officer  
Jerri Gray, HIPAA/Data Manager  
Cheryl Prescott, CRS Finance Manager**

**CONTRACTOR STAFF:**

**Katherine Cerra, Finance Manager  
Don Graf, Manager of Business Operations**

**DATE OF REVIEW:**

**May 22 - 24, 2007**

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Financial Management**

**Standard:**

**FM 1**

REGIONAL CONTRACTOR shall have a system to produce complete, timely and accurate financial records in accordance with contract requirements for financial reporting. Citations: Contract #HP361008

**Citations:** ADHS/Regional Contractor Contract #HP361008, Task 10

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does not have a process to ensure its reporting requirements are accurate, timely and complete.

**Documents Reviewed:**

Quarterly Financial Statements for the last 2 quarters (09/30/06, and 12/31/06)

**Comments:**

Specific issues with the financial reporting packages:

1. Incomplete Enrollment table
2. Incomplete/Inaccurate Report
3. Analysis of Revenues and Expenses
4. Incomplete/Inaccurate Footnotes
5. Incomplete/Inaccurate IS Rollup tab

CRS at St. Joseph's must continue ensure that the financial statements submitted are in line with the CRSA Financial Reporting Guide. CRS at St. Joseph's must continue to provide accurate, complete and timely financial records.

CRS at St. Joseph's must have a process in place to insure that reports that feed the financial statement package are updated and accurate.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Financial Management**

**Standard:**

**FM 2**

REGIONAL CONTRACTOR has developed and maintained a system that meets claims/encounter data processing requirements defined by ADHS/OCSHCN.

Citations: 42 CFR 438.242(b) (1) (3); ADHS/Regional Contractor Contract #HP361008, Task 10, Appendix G, and Appendix M, Financial Reporting Guide

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR has developed and maintained a system that meets claims/encounter data processing requirements defined by ADHS/OCSHCN. (97%)

**Documents Reviewed:**

Monthly Report of CRS Encounter Activity for July 2006 through March 2007

**Comments:**

Analysis of the number of the CRS at St. Joseph's encounters submitted to Children's Rehabilitative Services Administration (CRSA) and the number of encounters accepted by CRSA shows an overall acceptance rate of 97% for encounters with a date of service between July 2006 and March 2007.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Financial Management**

**Standard:**

**FM 3**

REGIONAL CONTRACTOR submits complete, accurate and timely member demographic, eligibility and insurance data/information.

Citations: 42 CFR 438.242(a), (b) (1), and (b) (3); ADHS/Regional Contractor Contract #HP361008, Task 10

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does submit complete, accurate and timely member demographic, eligibility and insurance data/information. (97%)

**Documents Reviewed:**

CRS of St. Joseph's Provider and Member Load Error Reports (LER) for July 2006 through March 2007.

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Financial Management**

**Standard:**

**FM 4**

REGIONAL CONTRACTOR staff are trained and familiar with the Business Continuity Plan.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 45

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does show evidence of staff training on the Business Continuity Plan.

**Documents Reviewed:**

Business Continuity Plan Training Module and Log

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Financial Management**

**Standard:**

**FM 5**

REGIONAL CONTRACTOR tests Business Continuity Plan on an annual basis.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 45

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does review, test, and update its Business Continuity Plan annually.

**Documents Reviewed:**

Business Continuity Review

St. Joseph's Hospital and Medical Center Children' Rehabilitative Services

Business Continuity Table Top Exercise

CHW IT Disaster Recovery Plan

**Comments:** None

**Recommendations:** None



**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Financial Management**

**Standard:**

**TPL 1**

REGIONAL CONTRACTOR cost-avoids all claims and services that are subject to third-party payment.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does utilize a formal process to identify claims and services that are subject to third-party payment.

**Documents Reviewed:**

CRS of St. Joseph's Coordination of Benefits Policy and Procedure; Cost Avoidance (TPL) Policy

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Financial Management**

**Standard:**

**TPL 2**

REGIONAL CONTRACTOR reports all known changes in health insurance information, including Medicare, to AHCCCS Division of Member Services, no later than 10 days from the date of discovery.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does report known changes in health insurance information, including Medicare, to AHCCCS Division of Member Services, no later than 10 days from the date of discovery.

**Documents Reviewed:**

CRS of St. Joseph's Provider and Member Load Error Reports (LER) for July 2006 through March 2007.

**Comments:** None

**Recommendations:** None

**ADHS/OC SHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Financial Management**

**Standard:**

**TPL 3**

REGIONAL CONTRACTOR refers all cases that involve the following circumstances to the AHCCCS authorized representative, and REGIONAL CONTRACTOR does not pursue recovery on the case unless directed to do so by AHCCCS, or by the AHCCCS authorized representative.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008,

**Rating: NOT RATED**

**Findings:**

REGIONAL CONTRACTOR does not refer cases that involve the above mentioned circumstances to the authorized representative. (0%)

REGIONAL CONTRACTOR does not pursue recovery on cases that involve the above mentioned circumstances unless they were authorized to do so by AHCCCS or by the AHCCCS authorized representative:

- |   |                         |
|---|-------------------------|
| * Uninsured/underinsured motorist insurance | * Restitution Recovery  |
| * First and third-party liability insurance | * Worker's Compensation |
| * Tortfeasors, including casualty           | * Estate Recovery       |
| * Special Treatment Trusts                  |                         |

**Documents Reviewed:**

No cases were filed during the review period.

**Comments:**

CRS at St. Joseph's should develop and implement a process to refer cases that involve the above-mentioned circumstances to the authorized representative at CRSA and to not pursue recovery on cases unless they are authorized to do so by AHCCCS or by the AHCCCS authorized representative

**Recommendations:**

None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Financial Management**

**Standard:**

**TPL 4**

REGIONAL CONTRACTOR utilizes a formal process to identify claims and services that are subject to third-party payment and ensure that applicable co-payments, coinsurance, or deductibles are paid by the REGIONAL CONTRACTOR on behalf of the member.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008, Task 10, Task 13

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does utilize a formal process to identify claims and services that are subject to third-party payment.

REGIONAL CONTRACTOR does pay applicable co-payments, coinsurance, or deductibles on behalf of the member.

**Documents Reviewed:**

CRS at St. Joseph's Coordination of Benefits Policy and Procedure

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**General Administration**

**ADHS REVIEW TEAM:**

**Jennifer Vehonsky, Division Chief of Compliance  
Mark Haldane, Contract Administrator  
Vicki Margaritis, Contract Administrator  
Tim Stanley, Fraud and Abuse Manager**

**CONTRACTOR STAFF:**

**Gifford Loda, Vice President, Pediatric Services  
Aldan Bice, St. Joseph's Hospital, Corporate  
Myra Kingsley, Corporate Compliance**

**DATE OF REVIEW:**

**May 22 - 24, 2007**

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**General Administration**

**Standard:**

**GA 1**

REGIONAL CONTRACTOR meets minimum CRSA staffing requirements.

Citations: ADHS/Regional Contractor Contract #HP361008, Terms & Conditions, 7. Key Personnel

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does meet minimum CRSA staffing requirements. REGIONAL CONTRACTOR meets 100% of the 11 required positions.

**Documents Reviewed:**

Organizational Chart

Personnel Licensing

Job Descriptions Manual

Phone Listing

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**General Administration**

**Standard:**

**GA 2**

REGIONAL CONTRACTOR notifies CRS of key personnel changes.

Citations: ADHS/Regional Contractor Contract #HP361008, Terms & Conditions, 7. Key Personnel

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does notify CRS of key personnel changes.

2 # of key personnel changes from July 1, 2006, to March 31, 2007  
100% of key personnel changes reported to CRSA

**Documents Reviewed:**

Notification Letters

Email

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**General Administration**

**Standard:**

**GA 3**

REGIONAL CONTRACTOR develops, maintains and disseminates a policy and procedure manual that includes the processes to carry out requirements of the CRSA RCPMP.

Citations: ADHS/Regional Contractor Contract #HP361008, RCMMP Chapter 80.503

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does review policies on an annual basis or as needed, to reflect CRSA RCPMP changes.

REGIONAL CONTRACTOR does disseminate the CRSA RCPMP and its policies and procedures to its providers.

**Documents Reviewed:**

CRS at St. Joseph's Policy Manual

Newsletters

Website

**Comments:** None

**Recommendations:** None



**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**General Administration**

**Standard:**

**GA 4**

REGIONAL CONTRACTOR's Provider Manual meets all CRSA and AHCCCS contractual requirements, and is disseminated to all providers.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 40, RCPDM Chapter 80.502

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR's Provider Manual does meet CRSA and AHCCCS contractual requirements.

REGIONAL CONTRACTOR does provide proof of dissemination of the Provider Manuals as required.

**Documents Reviewed:**

Letters

Website

Newsletters

Provider Listing

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**General Administration**

**Standard:**

**GA 5**

REGIONAL CONTRACTOR meets program integrity requirements designed to prevent, detect and report fraud and abuse.

Citations: Contract #HP361008 Terms & Conditions, 7. Key Personnel, 42 CFR 438.608 (a) and (b), 42 CFR 438.610(a) and (b); ADHS/Regional Contractor Contract, Task 46; CRSA RCPPI Chapter 80.800

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have a Corporate Compliance Plan in place.

REGIONAL CONTRACTOR does have program integrity arrangements or procedures in place that include: Written policies, procedures and standards of conduct articulating the organization's commitment to comply with all applicable Federal and State standards

- The designation of a compliance officer and a compliance committee that are accountable to senior management Effective training and education for the compliance officer and the organization's employees Effective lines of communication between the compliance officer and the organization's employees
- Enforcement of standards through well-publicized disciplinary guidelines
- Provision for internal monitoring and auditing Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to their contract.

REGIONAL CONTRACTOR does maintain policies and procedures governing its contracting and employment processes, and its corporate affiliations that exclude individuals from participating in procurement and non-procurement activities due to their debarment, suspension, revocation, restriction or otherwise exclusion due to federal or state requirements.

REGIONAL CONTRACTOR does follow these policies and procedures in its initial and ongoing contracting, employment and corporate affiliation practices.

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**General Administration**

**Documents Reviewed:**

- CHW Hotline materials
- Compliance Officer job descriptions
- CHW Integrity Program: Standards of Conduct
- Related clinic and CHW Corporate Compliance plan, policies and procedures
- St. Joseph's Hospital Compliance Executive Committee agendas
- CRS Fraud and Abuse/Compliance training materials, sign-in sheets and employee training records
- Regulatory and Compliance Manager job description
- 12/04 CHAN Audit Report (pgs 1-3 of 12)

**Comments:**

CRS at St. Joseph's operates under Catholic Healthcare West's (CHW) Corporate Compliance Program. This appears to be an efficient and effective arrangement and provides the clinic with a comprehensive and detailed compliance program and resources. CRS at St. Joseph's' program appears to address the seven elements required for a comprehensive integrity program, but there is a lack of documentation that links the clinics corporate compliance activities to the specific CHW compliance policies and procedures.

There was no documentation of any audits performed during the review period on the CRS clinic designed to detect and deter suspected fraud and program abuse. CRS at St. Joseph's should assure that audits, designed to detect and deter suspected fraud and program abuse, are conducted on the CRS clinic on regular basis. CHW may consider including the CRS at St. Joseph's clinic in its regularly planned audits.

The CRS at St. Joseph's designated Corporate Compliance Officer needs to be a regular standing member of the CHW Corporate Compliance Committee and attend the scheduled meetings. It was also determined that the CRS designated Corporate Compliance Officer does not regularly attend the CHW Corporate Compliance Committee meetings.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**ADHS REVIEW TEAM:** Margery Sheridan, Division Chief of Consumer Rights  
Luci Hodge, Appeals Coordinator

**CONTRACTOR STAFF:** Myra Kingsley, Corporate Compliance

**DATE OF REVIEW:** May 22 - 24, 2007

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 1**

REGIONAL CONTRACTOR provides members with written Notices of Action and/or Notices of Extension that meet required format standards.

Citations: 42 CFR 438.404(a); 42 CFR 438.404(b); 42 CFR 438.404(c); 42 CFR 438.210(c); 42 CFR 431.211; 213 and 214; ADHS/Regional Contractor Contract, Task 30; RCPPM Chapter 80

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does not provide the Notice of Action and/or Notice of Extension letter in:

- Prevalent non-English languages
- Alternative formats
- Easily understood language and format.

REGIONAL CONTRACTOR's Notice of Action and Notice of Extension do meet language and format requirements, ensuring ease of understanding.

**Documents Reviewed:**

Chapter 80 Program Oversight

Notice of Action (NOA Denial) Log

Notices of Action and Notices of Extension Template Letters

**Comments:**

CRSA found during the review that CRS at St. Joseph's did not meet the requirements from July through December 2007; however, they have met those requirements from January through May 2007. CRSA will continue to monitor this standard

.

**Recommendations:** CRS at St. Joseph's must provide members with written Notice of Action/Notices of Extension that meet required format standards.

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 2**

REGIONAL CONTRACTOR provides members with written Notices of Action that meet required content standards.

Citations: 42 CFR 438. 210; 42 CFR 438.404; RCPPI Chapter 80.402

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR's Notice of Action does not contain all of the following required elements:

- The action taken by Regional Contractor,
- The law, rule, and/or policy supporting the action,
- The reasons for the action.
- The member 's or provider's right to file an appeal,
- The procedures for exercising the right to appeal,
- The circumstances under which expedited resolution is available and how to request it,
- The member's right to have benefits continue pending resolution, how to request continuation, and the circumstances under which the member may be required to pay the cost of services.

REGIONAL CONTRACTOR's Notice of Action does contain all of the following required elements

**Documents Reviewed:**

Chapter 80 Program Oversight, Notice of Action (NOA Denial) Log

Notices of Action and/or Notices of Extension Template Letters

**Comments:**

During the review period of July 1, 2006 to March 31, 2007, CRS at St. Joseph's was under a notice to cure for this standard as identified deficient and has significantly improved, resulting in the notice recently being lifted. The current policy and new letter templates meet all requirements.

**Recommendations:**

CRS at St. Joseph's must provide members with written Notices of Action that meet required content standards

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 3**

REGIONAL CONTRACTOR provides members with written Notices of Action within the required timeframes.  
Citations: 42 CFR 438.210; 42 CFR 438.404; RCPDM Chapter 61.800; Chapter 80.402

**Rating: SUBSTANTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does not provide written notice Notices of Action within the required timeframes.

In 78% of files reviewed, members were provided with the written Notice of Action within the required timeframes.  
(100% of denials are currently reviewed)

**Documents Reviewed:**

Chapter 80 Program Oversight  
Notice of Action (NOA Denial) Log  
Notices of Action and/or Notices of Extension Template Letters

**Comments:**

Files submitted prior to December, 2006 did not clearly indicate date of request and date of receipt, therefore timelines cannot be determined. The current policy and new letter templates and provider service request (PSR) meet all the requirements.

**Recommendations:**

CRS at St. Joseph's must provide members with written Notices of Action within the required timeframes

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 4**

REGIONAL CONTRACTOR provides the member with a written Notice of Extension when taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when the REGIONAL CONTRACTOR determines that the service requested is not a CRS covered benefit, and refers the request to the member's primary AHCCCS plan. Citations: 42 CFR 438.408; ACOM Chapter 409; RCPM Chapter 80

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does provide the member with written Notices of Extension within the required timeframes for:

- Standard requests for initial service authorization;,
- Expedited requests for initial service authorization; or
- When referring the request for service to the member's primary AHCCCS plan

In 62% of files reviewed, members were provided with the written notice of extension within the required timeframes.  
(100% of denials are currently reviewed)

**Documents Reviewed:**

Written Notice of Extension Letter Template for taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when CRS at St. Joseph's determines that the service requested is not a CRS covered benefit, and refers the request to the member's primary AHCCCS plan.

Chapter 80 Program Oversight

Notice of Action (NOA Denial) Log

Notices of Action and/or Notices of Extension Template Letters

**Comments:**

During the review period of July 1, 2006 to March 31, 2007, the CRS at St. Joseph's was under a notice to cure for this standard as identified deficient and has significantly improved, resulting in the notice to cure recently being lifted. The current policy and new letter templates meet all requirements.



**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Recommendations:**

CRS at St. Joseph's must provide the member with a written Notice of Extension when taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when the CRS at St. Joseph's determines that the service requested is not a CRS covered benefit, and refers the request to the member's AHCCCS plan.

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 4A**

REGIONAL CONTRACTOR provides members with written Notices of Extension that meet required content standards.

Citations: 42 CFR 438. 210; 42 CFR 438.404; RCPPI Chapter 80

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR's Notice of Action does not contain the following required elements:

- The reason for the decision to extend the timeframe; and
- The member's right to file a grievance if he/she disagrees with that decision.

REGIONAL CONTRACTOR's Notices of Extension do not contain all required elements.

**Documents Reviewed:**

Chapter 80 Program Oversight

Notices of Action and/or Notices of Extension Template Letters

**Comments:**

During the review period of July 1, 2006 to March 31, 2007, CRS at St. Joseph's was under a notice to cure for this standard and has significantly improved and the notice to cure has been lifted. CRS at St. Joseph's did not have all required language in the letter templates. The current policy and new letter templates meet all the requirements.

**Recommendations:**

CRS at St. Joseph's must provide members with written Notices of Extension that meet required content standards.

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 4B**

REGIONAL CONTRACTOR provides timely, written notification to the member's primary AHCCCS plan when the REGIONAL CONTRACTOR determines that the service requested is not a CRS covered benefit.

Citations: 42 CFR 438.408; ACOM Chapter 409; RCPPI Chapter 80

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does not provide timely, written notification to the member's primary AHCCCS plan when the REGIONAL CONTRACTOR determines that the service requested is not a CRS covered benefit.

In 64 percent of files reviewed, members were provided with the written notice of extension within the required timeframes.  
(100% of denials are currently reviewed)

**Documents Reviewed:**

Notices of Action and/or Notices of Extension Template Letters

**Comments:**

During the review period of July 1, 2006 to March 31, 2007, CRS at St. Joseph's was under a notice to cure for this standard and has significantly improved and the notice to cure has been lifted. The current policy and new letter templates meet all the requirements.

**Recommendations:**

CRS at St. Joseph's must provide timely, written notification to the member's AHCCCS plan when CRS at St. Joseph's determines that the service requested is not a CRS covered benefit.

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 5**

REGIONAL CONTRACTOR provides the member with written notice that for service authorization decisions not reached within 14 days (or an extended time frame), the authorization shall be considered denied on the date that the time frame expires. Citations: 42 CFR 438.404; 42 CFR 438.408; RCPDM Chapter 60

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does provide the member with written notice that for service authorization decisions not reached within 14 days (or an extended time frame), the authorization shall be considered denied on the date that the time frame expires.

- Standard requests for initial service authorization (14 working days),
- Expedited requests for initial service authorization (3 working days),
- Extensions an additional 14 days.

In 100% of files reviewed, members were provided with the written notice of service authorizations deemed denied.  
(100% of denials are currently reviewed)

**Documents Reviewed:**

Chapter 80 Program Oversight

**Comments:**

The current policy and new letter templates address this standard and CRS at St. Joseph's has an established process in place.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 6**

REGIONAL CONTRACTOR handles grievances and appeals in a manner that is consistent with federal and state requirements.

Citations: 42 CFR 438.402(b)(2)(3); 42 CFR 438.406(a)(1 –3); 42 CFR 438.406(b)(1– 4); 42 CFR 438.410; 42 CFR 438.414;  
ADHS/Regional Contractor Contract Task 32; RCPMP Chapters 60 and 80

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have procedures in place for filing of grievances and appeals by member, or by provider with member's consent, as appropriate.

REGIONAL CONTRACTOR does have a process in place for members or providers to file grievances orally or in writing.

REGIONAL CONTRACTOR does have a process in place for members or providers to file appeals either orally or in writing with oral appeals confirmed in writing unless requesting an expedited resolution.

**Documents Reviewed:**

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

Grievance Policy for Children's Rehabilitative Services at St. Joseph's Hospital

Provider Policy Manual for CRS at St. Joseph's Hospital

The following 5 Member Appeals were reviewed: AP 006-0724-06, AP 006-0808-01, AP 006-0928-01, AP 006-0810-01, and AP 007-0111-01.

**Comments:**

Only one Non-QOC issue was documented during the review period. Low documentation of grievances may be a result of under-reporting, poor processes, and/or misclassification of Non-QOC for QOC issues.

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

CRS at St. Joseph's should maintain and implement a grievance process which documents, monitors, intervenes, and reports Non-QOC grievance occurrences.

CRS at St. Joseph's Grievance Policy should contain a provision that the member may file a grievance with CRSA or the CRS Regional Contractor.

CRS at St. Joseph's should define "grievance" in its Grievance Policy as a CRS member's expression of dissatisfaction with any aspect of their care, other than an action of appeal.

CRS at St. Joseph's should consider separating the grievance (non-quality of care) policy from the quality of care policy.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 7**

REGIONAL CONTRACTOR provides members with assistance in the grievance and appeals process.

Citations: 42 CFR 438.10(g); RCPDM Chapter 60.204

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does provide members with assistance in completing forms and other procedural steps in the grievance process.

REGIONAL CONTRACTOR does provide assistance in completing forms and other procedural steps in the appeals process.

REGIONAL CONTRACTOR does provide interpreter services and toll-free numbers with TTY/TTD and interpreter capability for grievance and appeals process.

**Documents Reviewed:**

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

Grievance Policy for Children's Rehabilitative Services at St. Joseph's Hospital

Provider Policy Manual for CRS at St. Joseph's Hospital

Flyer on how to access language services and TTY

**Comments:**

CRS at St. Joseph's has a process in place to provide assistance in completing forms and other procedural steps in the appeals process.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 8**

REGIONAL CONTRACTOR acknowledges receipt of each grievance and appeal in a timely manner.

Citations: 42 CFR 438.404; RCPDM Chapter 60.300

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does acknowledge receipt of each grievance.

100% of grievance files reviewed indicate the grievance was acknowledged.

REGIONAL CONTRACTOR does acknowledge receipt of each appeal. 100% of Appeal files reviewed indicated the appeal was acknowledged.

REGIONAL CONTRACTOR does meet timeframe for acknowledging receipt of grievance (i.e., within 5 business days for standard appeals/1 business day for expedited appeals)

100% of grievance files reviewed indicate the grievance was acknowledged within 5 business days (1 business day for expedited appeals).

**Documents Reviewed:**

Grievance Policy for Children's Rehabilitative Services at St. Joseph's Hospital

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

16 Non-QOC files

The following 5 Member Appeals were reviewed: AP 006-0724-06, AP 006-0808-01, AP 006-0928-01, AP 006-0810-01, and AP 007-0111-01.

**Comments:** None

**Recommendations:** None



**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 9**

REGIONAL CONTRACTOR ensures decision-makers for the grievance and appeal are appropriately qualified individuals.

Citations: 42 CFR 438.404; RCPDM Chapter 60.300

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does use decision-makers on grievances that were not in previous levels of review or decision-making.

REGIONAL CONTRACTOR does use decision-makers on appeals that were not in previous levels of review or decision-making.

REGIONAL CONTRACTOR does use decision-makers on grievances that are health care professionals with clinical expertise in treating the member's condition when:

A grievance is filed regarding a denial of expedited resolution of an appeal;

A grievance is filed related to clinical decisions.

REGIONAL CONTRACTOR does use decision-makers on appeals that are health care professionals with clinical expertise in treating the member's condition when:

An appeal is filed regarding a denial that is based on lack of medical necessity;

An appeal is filed related to clinical decisions.

**Documents Reviewed:**

Grievance Policy for Children's Rehabilitative Services at St. Joseph's Hospital

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

JCAHO certificate, St. Joseph's Hospital and Medical Center is accredited by JCAHO from 2004 to 2007

**Comments:**

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

Standard and findings are met. CRS at St. Joseph's is JCAHO accredited.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 10**

REGIONAL CONTRACTOR provides members and/or their representative with an opportunity to examine their case file and to present evidence.

Citations: 42 CFR 438.406; RCPPM Chapter 60.402

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does provide members and/or their representatives with an opportunity to examine their case file and any other documents and records considered during the appeals process.

REGIONAL CONTRACTOR does provide members and/or their representatives with an opportunity to present evidence in person or in writing.

REGIONAL CONTRACTOR does include the member or her representative or legal representative of a deceased member's estate as a party to the appeal.

**Documents Reviewed:**

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

**Comments:**

CRS at St. Joseph's has a process in place to:

- Provide members and/or their representatives with an opportunity to examine their case file and any other documents and records considered during the appeals process;
- Provide members and/or their representatives with an opportunity to present evidence in person or in writing; and
- Include the member or her representative or legal representative of a deceased member's estate as a party to the appeal.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 11**

REGIONAL CONTRACTOR maintains an expedited review process for appeals.

Citations: 42 CFR 438.410; RCPDM Chapter 60.405

**Rating: FULL COMPLIANCE**

**Findings:**

CRS at St. Joseph's does maintain an expedited review process for appeals, which includes:

- Not taking punitive action against a provider who requests an expedited resolution or supports a member's appeal,
- Transfer of the appeal to the timeframe for standard resolution if the request for expedited resolution is denied,
- Reasonable effort to give the member oral notice of the denial to expedite resolution, and
- Follow-up with written notice of denial within two calendar days.

**Documents Reviewed:**

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 12**

REGIONAL CONTRACTOR provides information about the grievance system to providers at the time they contract with REGIONAL CONTRACTOR.

Citations: 42 CFR 438. 414; RCPDM Chapter 60.200

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does provide information about the grievance system to providers at the time they contract with the CRS Regional Contractor.

**Documents Reviewed:**

Grievance Policy for Children's Rehabilitative Services at St. Joseph's Hospital  
CRS at St. Joseph's Provider Manual Chapter 11: Appeals, Claim Disputes, & Grievances  
CRS at St. Joseph's Clinic Provider Orientation Program  
CRS at St. Joseph's Clinic Website  
Children's Rehabilitative Services News  
Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 13**

REGIONAL CONTRACTOR disposes of grievances, resolves appeals and provides notice within the required federal and state timeframes.

Citations: 42 CFR 438.408(b)(1-3); 42 CFR 438.408(c); 42 CFR 438.408(d)(1-2); 42 CFR 438.408(e); ADHS/Regional Contractor Contract Task 32; RCPDM Chapters 60 and 80

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does issue decisions as expeditiously as the member's condition requires, but no later than 90 days from receipt of grievance.

100% of grievance files reviewed have documentation that written or oral decisions were issued as expeditiously as the member's condition requires, but no later than 90 days of receipt of grievance.  
(100% of denials are currently reviewed)

**Documents Reviewed:**

Grievance Policy for Children's Rehabilitative Services at St. Joseph's Hospital  
16 Non-QOC files

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 14**

REGIONAL CONTRACTOR resolves standard appeals and provides written notice to affected parties no later than 30 days from receipt of appeal, absent an extension.

Citations: 42 CFR 438.408; RCPPM Chapter 60.404

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does issue written decisions for resolution of standard appeals no later than 30 days from receipt of appeal, absent an extension.

100% of appeal files reviewed have documentation that written decisions were issued no later than 30 days of receipt of appeal, absent an extension.

(100% of denials are currently reviewed)

**Documents Reviewed:**

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

The following 5 Member Appeals were reviewed: AP 006-0724-06, AP 006-0808-01, AP 006-0928-01, AP 006-0810-01, and AP 007-0111-01.

**Comments:**

CRS at St. Joseph's does have a process in place to issue written decisions for resolution of standard appeals no later than 30 days from receipt of appeal, absent an extension.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 15**

REGIONAL CONTRACTOR resolves expedited appeals and provides notice to affected parties no later than three (3) working days from receipt of referral, absent an extension.

Citations: 42 CFR 438.410; RCPDM Chapter 60.405

**Rating: NOT RATED**

**Findings:**

REGIONAL CONTRACTOR does/does not issue written expedited decisions of appeals no later than three (3) working days from receipt of the appeal.

(Not applicable, CRS at St. Joseph's did not have any expedited appeals)

REGIONAL CONTRACTOR does/does not make reasonable effort to provide oral notice.

\_\_\_% of appeal files reviewed have documentation that written expedited decisions were issued no later than 3 working days from receipt of referral, and an effort was made to provide oral notice.

(100% of denials are currently reviewed)

(Not applicable, CRS at St. Joseph's did not have any expedited appeals)

**Documents Reviewed:**

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

**Comments:**

CRS at St. Joseph's does have processes to issue written expedited decisions of appeals no later than three (3) working days from receipt of the appeal and make reasonable efforts to provide oral notice.

**Recommendations:** None



**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 16**

REGIONAL CONTRACTOR complies with extension of timeframe requirements for grievances, standard appeals and expedited appeals.

Citations: 42 CFR 438. 408; 42 CFR 438.410; RCPDM Chapter 60.404, 405

**Rating: NOT RATED**

**Findings:**

REGIONAL CONTRACTOR does extend the timeframes for grievances up to 14 calendar days only if the member requests the extension or a need for additional information is demonstrated by REGIONAL CONTRACTOR. In NA % of grievance files reviewed, REGIONAL CONTRACTOR appropriately extends the timeframe for grievances. (100% of denials are currently reviewed)

REGIONAL CONTRACTOR does extend the timeframes for appeals up to 14 calendar days only if the member requests the extension or a need for additional information is demonstrated by REGIONAL CONTRACTOR. In NA % of appeal files reviewed, REGIONAL CONTRACTOR appropriately extends the timeframe for appeals. (100% of denials are currently reviewed)

REGIONAL CONTRACTOR does extend the timeframes for expedited appeals up to 14 calendar days only if the member requests the extension or a need for additional information is demonstrated by REGIONAL CONTRACTOR. In NA % of expedited appeal files reviewed, REGIONAL CONTRACTOR appropriately extends the timeframe for expedited appeals. (100% of denials are currently reviewed)

REGIONAL CONTRACTOR does provide written notice to the member if REGIONAL CONTRACTOR extends the timeframe requirements.

**Documents Reviewed:**

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

**Comments:**

CRS at St. Joseph's had no extension of timeframe events for grievances, standard appeals and expedited appeals.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 17**

The CRS Regional Contractors Notice of Appeal Resolution contains all required elements.

Citations: 42 CFR 438.404; RCPDM Chapter 80.402; Chapter 60.407

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR's Notice of Appeal Resolution does contain all of the following required elements:

- Results of resolution process and date completed,
- If not resolved wholly in members favor, the legal basis for the decision, the right to and how to request a State fair hearing, the right to receive benefits while hearing is pending and potential liability for costs.

In 100% of appeal files reviewed, the Notice of Appeal Resolution contained all required elements.

(100% of denials are currently reviewed)

**Documents Reviewed:**

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

The following 5 Member Appeals were reviewed: AP 006-0724-06, AP 006-0808-01, AP 006-0928-01, AP 006-0810-01, and AP 007-0111-01.

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 18**

REGIONAL CONTRACTOR maintains grievance and appeal logs that identify the complainant, date of receipt, nature of the appeal, date the issue is resolved, and the resolution.

Citations: 42 CFR 438.416; ADHS/Regional Contractor Contract, Task 32; RCPDM Chapter 60

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does not record all required information in the grievance logs.

REGIONAL CONTRACTOR does record all required information in the appeal logs.

**Documents Reviewed:**

Grievance Policy for Children's Rehabilitative Services at St. Joseph's Hospital

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

16 Non-QOC files

**Comments:**

None of the 16 Non-QOCs files reviewed had all of the required information in the grievance logs.

**Recommendations:**

CRS at St. Joseph's must record all required information in the Database, including the AHCCCS ID, Enrolling diagnosis, and Provider/Entity.

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 19**

REGIONAL CONTRACTOR, as appropriate, continues the member's benefits pending an appeal or State fair hearing in compliance with Federal and State requirements.

Citations: 42 CFR 438.420.b-d; RCPDM Chapter 60.608

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does/does not continue the member's benefits pending an appeal or state fair hearing if:

- The member or the provider files the appeal timely,
- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment,
- The services were ordered by an authorized provider,
- The member requests extension of benefits.
- In 100% of appeal records reviewed, the member's benefits were appropriately continued pending an appeal or state fair hearing. (100% of denials are currently reviewed)

REGIONAL CONTRACTOR does/does not discontinue providing the member's benefits only if:

- The member withdraws the appeal,
  - Ten days pass after the MCO or PIHP mails the notice, providing the resolution of the appeal against the member, unless the member, within the 10-day timeframe, has requested a State fair hearing with continuation of benefits until a State fair hearing decision is reached,
  - A State fair hearing Office issues a hearing decision adverse to the member,
  - The time period or service limits of a previously authorized service has been met.
- In 100% of appeal records reviewed, the member's benefits were appropriately discontinued. (100% if denials are currently reviewed)

REGIONAL CONTRACTOR does not recover the cost of providing the benefit only when the final resolution of the appeal is adverse to the member. (REGIONAL CONTRACTOR may choose not to pursue payment).

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Grievance System**

**Documents Reviewed:**

CRS at St. Joseph's Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

The following 5 Member Appeals were reviewed: AP 006-0724-06, AP 006-0808-01, AP 006-0928-01, AP 006-0810-01, and AP 007-0111-01.

**Comments:**

CRS at St. Joseph's does have processes in place to continue or discontinue the member's benefits appropriately as identified in the findings above.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Grievance System**

**Standard:**

**GS 20**

REGIONAL CONTRACTOR, as appropriate, provides or pays for the disputed services when the appeal resolution is reversed by the State Fair Hearing Officer.

Citations: 42 CFR 438.424.a and b; RCPPM Chapter 60.609

**Rating: NOT RATED**

**Findings:**

REGIONAL CONTRACTOR does/does not promptly provide disputed services, when the State Fair hearing officer reverses a decision to deny, limit or delay services that were not provided pending the appeal.

REGIONAL CONTRACTOR does/does not pay for disputed services, when the State Fair hearing officer reverses a decision to deny authorization of the services and the member received the disputed services while the appeal was pending.

**Documents Reviewed:**

Chapter 50 Standards of Payment

**Comments:**

Although no appeal resolutions were reversed by the State Fair Hearing Officer, the CRS at St. Joseph's has a processes in place to promptly provide disputed services, when the State Fair hearing officer reverses a decision to deny, limit or delay services that were not provided pending the appeal, and to pay for disputed services, when the State Fair hearing officer reverses a decision to deny authorization of the services and the member received the disputed services while the appeal was pending.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 21**

REGIONAL CONTRACTOR complies with claims dispute requirements.

Citations: RCPDM Chapter 50

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does not provide a member/provider with written acknowledgement of receipt of a claim dispute within 5 working days. 99% of files reviewed contained documentation of written acknowledgement of receipt of a claim dispute within 5 working days. (100% of denials are currently reviewed)

REGIONAL CONTRACTOR does provide a provider with written notice of claims dispute within required timeframes. 97% of files reviewed contained documentation that written notices of decision of the claims dispute was provided to the provider within 30 days after the filing of a claims dispute. (100% of denials are currently reviewed)

REGIONAL CONTRACTOR does/does not document claims dispute decision extension agreements.

\_\_\_N/A\_\_\_% of files reviewed contained documentation of extension agreements for those decisions not issued within 30 days after the filing of a claims dispute. (100% of denials are currently reviewed)

**Documents Reviewed:**

Chapter 50 Standards of Payment

All Claim Dispute files submitted during the review period

**Comments:**

The Regional Contractor has a process in place to provide a member/provider with written acknowledgement of receipt of a claim dispute within 5 working days; and document claims dispute decision extension agreements.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 22**

REGIONAL CONTRACTOR claim dispute notice of decision includes all required information.

Citations: ARS Title 36, Chapter 29; ARS §12-1518; RCPPM Chapter 50.400

**Rating: SUBSTANTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR claim dispute notice of decision letters does include the following:

A statement of the nature of the claim dispute and the issues involved, and will:

- Approve or deny the claim for payment, or
- Affirm or reverse the denial, in whole or in part, or
- Affirm or reverse the sanction, in whole or in part, and
- Include the date of the decision
- Include a statement of the reasons for the decision and the statutes, rules and policies involved, and
- Include a statement that a provider dissatisfied with the decision may request an administrative hearing by filing a request with the CRSA Division of Consumer Rights within 30 days of receipt of the decision. Included with the statement is a description of the provider's right to request an informal settlement conference.

76 % of Notices of Decision included all required information. (100% of denials are currently reviewed)

**Documents Reviewed:**

Chapter 50 Standards of Payment

All Claim Dispute files submitted during the review period

**Comments:**

CRS at St. Joseph's has a process in place to provide a member/provider with claim dispute notice of decision including all required information.

**Recommendations:**

CRS at St. Joseph's claim dispute notice of decision must include all required information.



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**Grievance System**

**Standard:**

**GS 23**

REGIONAL CONTRACTOR has a process of recording and maintaining records of claims disputes.

Citations: ARS Title 36, Chapter 29; ARS §12-1518; RCPPM Chapter 50.400

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does consistently maintain records of claims disputes.

**Documents Reviewed:**

Chapter 50 Standards of Payment

All Claim Dispute files submitted during the review period

**Comments:**

CRS at St. Joseph's has a process of recording and maintaining records of claims disputes.

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Grievance System**

**Standard:**

**GS 24**

REGIONAL CONTRACTOR pays within 10 business days denied claims reversed in the claims dispute process.

Citations: ARS Title 36, Chapter 29; RCPDM Chapter 50.400

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does pay denied claims within 10 business days of the date the denial is reversed (75% compliant for date of the review).

**Documents Reviewed:**

Chapter 50 Standards of Payment

All Claim Dispute files submitted during the review period

**Comments:**

CRS at St. Joseph's has a process in place to pay within 10 business days denied claims reversed in the claims dispute process.

**Recommendations:**

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**Medical Management**

<b>ADHS REVIEW TEAM:</b>	<b>Ashraf Lasee, Division Chief of Medical Management Michele Reese, Utilization Management Specialist Earlene Allen, Utilization Management Specialist Kristy Benton, Utilization Management Specialist Julie Karcis, Research Manager</b>
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<b>DATE OF REVIEW:</b>	<b>May 24 – 27, 2007</b>

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Medical Management**

**Standard:**

**MM 1**

REGIONAL CONTRACTOR has implemented procedures for utilization management program requirements, which are consistent with AHCCCS standards.

Citations: AMPM Ch. 1000, Policy 1010; 42 CFR 438.240; 42 CFR 456.1; 42 CFR 456.3; 42 CFR 456.5] CRSA Process Monitoring Tools: Prior Authorization, Retrospective Review, and Concurrent Review

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR has implemented processes for monitoring and evaluating utilization of services which the Plan has identified as variances (both over and under) in utilization patterns.

REGIONAL CONTRACTOR does have policies and procedures related to service authorizations for prior authorization reviews.

REGIONAL CONTRACTOR does have policies and procedures related to service authorizations for concurrent review.

REGIONAL CONTRACTOR does have policies and procedures related to service authorizations for retrospective review.

REGIONAL CONTRACTOR does not assess the quality of services provided when utilization data variances are present (over and under utilization).

REGIONAL CONTRACTOR has not addressed identified variances.

**Documents Reviewed:**

CRS at St. Joseph's QM/UM Committee Policy and Procedure

CRS at St. Joseph's Prior Authorization Policy

CRS Provider Service Requisition (PSR) Form

CRS at St. Joseph's Inpatient Utilization Review Policy

CRS at St. Joseph's Decertification of a Hospitalization Policy

CRS at St. Joseph's Decertification Form

CRS at St. Joseph's Inpatient Discharge Coordination Policy

CRS at St. Joseph's Retrospective Review Policy

CRS at St. Joseph's Retrospective Review Form

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**Medical Management**

Letter of Extension to Member with cc to Provider  
CRS at St. Joseph's Organizational Chart  
CRS at St. Joseph's Phone List organized by group

**Comments:**

CRS at St. Joseph's has policies and procedures to address prior authorization of services, concurrent review of hospitalization, and retrospective review of emergency services. Key services, such as Durable Medical Equipment and drug utilization, are not specifically addressed by utilization management policies. There is no policy for the introduction of new medical technologies to providers.

**Recommendations:**

CRS at St. Joseph's must ensure full implementation of utilization program requirements by developing management policies to address the range of services to be utilized. The topics of DME, drug utilization, and new medical technologies must be included.

**ADHS/OC SHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Medical Management**

**Standard:**

**MM 2:**

REGIONAL CONTRACTOR reviews utilization data and reports trends, variances, analysis/ evaluation, interventions through the Medical Management Committee. REGIONAL CONTRACTOR acts and follows through on committee recommendations.

Citations: AMPM Ch. 1000, Policy 1010; 42 CFR 438.240; 42 CFR 456.1; 42 CFR 456.3; 42 CFR 456.5

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have a forum/meeting to discuss medical/utilization management issues on a regular basis.

REGIONAL CONTRACTOR does not have minutes from the committee meetings which reflect the following:

- Reporting of data over time reflecting any trends;
- Addresses any untoward trends and minutes reflect analysis and plans for interventions;

REGIONAL CONTRACTOR does not report on the previous meeting's recommendations, analyze interventions and make changes based on the recommendations.

**Documents Reviewed:**

CRS at St. Joseph's QM/UM Committee Policy and Procedure

QM/UM Committee Minutes and handouts from meetings held on 7/11/06, 7/25/06, 8/1/06, 8/8/06, 8/15/06, 8/22/06, 9/5/06, 9/12/06, 9/19/06, 9/26/06, 10/3/06, 10/17/06, 10/24/06, 11/21/06, 12/5/06, 12/12/06, 1/9/07, 1/23/07, 1/30/07, 2/6/07, 2/20/07, 3/13/07, 3/27/07, 4/3/07, 4/10/07, 4/24/07, and 5/1/07

CRS at St. Joseph's Prior Authorization Policy

CRS at St. Joseph's Provider Service Requisition (PSR) Form

CRS at St. Joseph's Inpatient Utilization Review Policy

CRS at St. Joseph's Decertification of a Hospitalization Policy

CRS at St. Joseph's Decertification Form

CRS at St. Joseph's Inpatient Discharge Coordination Policy

CRS at St. Joseph's Retrospective Review Policy

CRS at St. Joseph's Retrospective Review Form

Paid Claims Analysis by Provider

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**Medical Management**

Paid Claims Analysis by Category of Service  
CRS at St. Joseph's FY2007 Monthly Budgeted Figures  
In-Patient Census for St. Joseph's Hospital, Phoenix Children's Hospital, Banner Desert Medical

**Comments:**

CRS at St. Joseph's has adequate structure in place to review and analyze utilization data. However, there is little documentation of the identification of trends in aggregate data or discussion of interventions and analysis of results to address variances.

**Recommendations:** CRS at St. Joseph's must document medical/utilization management issues regularly, analysis of aggregate data, identification of trends and variances, implementation of interventions and review of recommendations. Discussion of data and its related trends should take place in regularly scheduled meetings attended by appropriate staff, and be reflected with action items in the meeting minutes.

**ADHS/OC SHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Medical Management**

**Standard:**

**MM 3**

REGIONAL CONTRACTOR has implemented procedures for utilization management program requirements, which are consistent with CRSA and AHCCCS standards.

Citations: Contract #HP361008; AMPM Chapter 1000; Policy 1010; 42 CFR 438.114; 438.114; 42 CFR 438.236

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR has implemented processes for monitoring and evaluating utilization of services to include:

- Inpatient Stays (prior authorization and concurrent review process)
- Durable Medical Equipment (Prior authorization process)
- Emergent Services (Retrospective review process)

**Documents Reviewed:**

CRS at St. Joseph's QM/UM Committee Policy and Procedure

QM/UM Committee Minutes and handouts from meetings held on 7/11/06, 7/25/06, 8/1/06, 8/8/06, 8/15/06, 8/22/06, 9/5/06, 9/12/06, 9/19/06, 9/26/06, 10/3/06, 10/17/06, 10/24/06, 11/21/06, 12/5/06, 12/12/06, 1/9/07, 1/23/07, 1/30/07, 2/6/07, 2/20/07, 3/13/07, 3/27/07, 4/3/07, 4/10/07, 4/24/07, and 5/1/07

Inter-Regional Transfer Request

CRS at St. Joseph's Prior Authorization Policy

CRS at St. Joseph's Provider Service Requisition (PSR) Form

CRS at St. Joseph's Inpatient Utilization Review Policy

CRS at St. Joseph's Decertification of a Hospitalization Policy

CRS at St. Joseph's Decertification Form

CRS at St. Joseph's Inpatient Discharge Coordination Policy

CRS at St. Joseph's Retrospective Review Policy and Form

**Comments:** None

**Recommendations:** None



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**Medical Management**

**Standard:**

**MM 4**

REGIONAL CONTRACTOR adopts and monitors provider compliance with National clinical practice guidelines and or local standards of practice.

Citations: Contract #HP361008; AMPM Chapter 1000; Policy 1010; 42 CFR 438.114; 438.114; 42 CFR 438.236

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR has adopted practice guidelines in consultation with the contracting health care professionals that:

- Are reviewed and updated annually by ADHS/CRSA and CRS Regional Contractors Medical Directors.
- Are based on valid and reliable clinical evidence or health care professional consensus,
- Consider the needs of its individuals receiving medical care,
- Are adopted in consultation with contracting health care professionals and CRSA Medical Director,

REGIONAL CONTRACTOR has disseminated CRSA clinical practice guidelines to affected providers; and upon request to individuals receiving medical care.

REGIONAL CONTRACTOR does monitor provider performance against the practice guidelines adopted.

**Documents Reviewed:**

CRS at St. Joseph's News, February 2007

CRS at St. Joseph's web site ([http://www.stjosephs-phx.org/intradoc-cgi/idc.cgi\\_isapi.dll?IdcService=SS\\_GET\\_PAGE&ssDocName=SJH\\_M061098](http://www.stjosephs-phx.org/intradoc-cgi/idc.cgi_isapi.dll?IdcService=SS_GET_PAGE&ssDocName=SJH_M061098))

CRS at St. Joseph's Provider Manual

CRS at St. Joseph's Cleft Lip & Palate Clinical Guideline

CRS at St. Joseph's Cleft Lip/Cleft Palate Team Plan

Cleft Lip and Palate Treatment Timeline

CRS at St. Joseph's Medical Record Review Tool: Reviewing the past Two (2) Visits (Jan 07)

CRS at St. Joseph's Policy: Services Provided Outside the State of Arizona

CRS at St. Joseph's Inter-Site Treatment and Transfer Policy

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**Medical Management**

Charts of Members with Cleft Lip / Palate diagnosis  
Charts of Members with diagnosis of Sickle Cell Disease

**Comments:**

CRS at St. Joseph's has developed many useful forms for monitoring the adoption and use of the Clinical Practice Guidelines for Cleft Lip and Palate. Charts have improved greatly since the 2006 focused review and since these forms were implemented. Charts for members with Sickle Cell Disease are less well-organized. Many charts of members seen at Phoenix Children's Hospital Sickle Cell clinic contain voluminous shared progress notes. Materials denoting adherence to Clinical Practice Guidelines (such as checklists, treatment plans, etc.) for Sickle Cell Disease are not present.

CRS at St. Joseph's should consider creating a written process for the dissemination and adoption of the Clinical Practice Guidelines.

**Recommendations:** None

**ADHS/OC SHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Medical Management**

**Standard:**

**MM 5**

REGIONAL CONTRACTOR has a structure and process in place for the review of prior authorization requests.

Citations: Contract #HP361008; RCPM Ch 80; AMPM Chapter 1000, Policy 1020; 42 CFR 438.210; 42 CFR 438.114; 42; 42 CFR 422.113(c); CRSA Process Monitoring Tools: Prior Authorization

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR is using qualified, professional medical staff to conduct authorization review (a physician, physician assistant, nurse practitioner and/or a RN/BSN) with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does ensure that Regional Clinics utilize standardized criterion when making prior authorization decisions.

REGIONAL CONTRACTOR does have a written policy and procedure for prior authorization that include following elements:

- Process to authorize services in a sufficient amount, duration, or scope, such as timelines for the standard and expedited review process: 14 calendar days for Standard Request vs. 3 working days for expedited request; with an extension option of 14 calendar days for both.
- Shall not arbitrarily deny or reduce the amount, duration, or scope of a medically necessary service.
- Consultation with the requesting provider when appropriate.

REGIONAL CONTRACTOR does ensure that Regional Clinics' Medical Directors review, approve and sign all prior authorization denial decisions, including pharmacy.

REGIONAL CONTRACTOR does ensure that any decision rendered by Regional Clinics' Medical Directors to deny a service authorization or to authorize a service in an amount, duration or scope that is less than requested is made by a Physician who has appropriate clinical expertise in treating the member's condition or disease.

In 59 out of 60 (98%) files reviewed, the denial decisions were reviewed for medical necessity by REGIONAL CONTRACTOR's Medical Directors

In 59 out of 60 (98%) files reviewed, rationale for the denial is clearly documented.

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Medical Management**

**Documents Reviewed:**

CRS at St. Joseph's Prior Authorization Policy  
CRS at St. Joseph's Provider Service Requisition (PSR) Form  
CRS at St. Joseph's Organizational Chart  
CRS at St. Joseph's Phone List organized by group  
CRS at St. Joseph's Compliance Audit Tool

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Medical Management**

**Standard**

**MM 6**

REGIONAL CONTRACTOR has implemented and monitors the Prior Authorization (PA) process and has adopted an inter-rater reliability plan.

Citations: Contract #HP361008; RCPM Ch. 80; AMPM Chapter 1000, Policy 1020; 42 CFR 438.210; 42 CFR 438.114; 42 CFR 438.114; 42 CFR 422.113(c); CRSA Process Monitoring Tools: Prior Authorization

**Rating: SUBSTANTIAL COMPLIANCE**

**Findings**

REGIONAL CONTRACTOR does evaluate the consistency with which individuals involved in PA decision making apply the standardized criteria.

REGIONAL CONTRACTOR does not have written policies regarding inter-rater reliability training and testing for staff and the medical director on an annual basis.

REGIONAL CONTRACTOR ensures consistent application of review criteria and compatible decisions that include inter-rater reliability criterion; and monitoring of all staff involved in the review process, including the Regional Medical Director.

REGIONAL CONTRACTOR does take action when criteria are not being applied in a consistent manner by the PA staff.

REGIONAL CONTRACTOR does have a process in place for review by another physician qualified to make a determination of necessity or denial, in the event an ordering physician challenges a denial.

REGIONAL CONTRACTOR does have a process to notify the requesting provider and/or a member of a decision to deny, limit or discontinue authorization of service and the steps for appealing an authorization decision.

**Documents Reviewed:**

CRS at St. Joseph's Prior Authorization Policy

CRS at St. Joseph's Provider Service Requisition (PSR) Form

Inter-Rater Reliability Evaluation forms reflecting successful completion

InterQual Training Certificate

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Medical Management**

**Comments:**

CRS at St. Joseph's has implemented its Prior Authorization (PA) plan as detailed in MM5. CRS at St. Joseph's Prior Authorization policy has no documentation for inter-rater reliability training and testing, although staff described the steps taken for inter-rater reliability training and the checks done to ensure consistency.

**Recommendations:**

CRS at St. Joseph's must document in policy its plan for inter-rater reliability training and testing, as well as activities to ensure consistency of applying standardized criteria.

**ADHS/OCSHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Medical Management**

**Standard:**

**MM 6A**

REGIONAL CONTRACTOR has adopted an inter-rater reliability (IRR) plan for Prior Authorization, Concurrent and Retrospective Review.

Citations: ADHS/Regional Contractor Contract #HP361008; RCPPM Chapter 80; AMPM Chapter 1000; Policy 1020.

**Rating: FULL COMPLIANCE**

**Findings:**

**Prior Authorization**

REGIONAL CONTRACTOR does not have written policies regarding inter-rater reliability training and testing for staff and Medical Director on annual basis.

REGIONAL CONTRACTOR does evaluate the consistency with which individuals involved in PA decision making apply the standardized criterion.

REGIONAL CONTRACTOR ensures consistent application of review criterion and compatible decisions that include inter-rater reliability criterion; and monitoring of all staff involved in the review process, including the Regional Contractors Medical Director.

REGIONAL CONTRACTOR does take action when criteria are not being applied in a consistent manner by the PA staff.

REGIONAL CONTRACTOR does have a process in place for review by another physician qualified to make a determination of necessity or denial, in the event an ordering physician challenges a denial.

**Concurrent Review**

REGIONAL CONTRACTOR does have written policies regarding inter-rater reliability training and testing for staff (involved in concurrent review) and Medical Director on annual basis.

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**Medical Management**

REGIONAL CONTRACTOR does have uniform review criterion for making hospital length of stay decisions.

REGIONAL CONTRACTOR does have a plan of action for staff that does not use standard criterion and timeline.

REGIONAL CONTRACTOR does evaluate the consistency with which individuals (concurrent review staff) involved in decision-making apply the standardized criteria for severity of illness and intensity of service.

REGIONAL CONTRACTOR does not take action when criteria are not being applied in a consistent manner by concurrent review staff.

**Retrospective Review**

REGIONAL CONTRACTOR does have written policies regarding inter-rater reliability training and testing for staff (involved in retrospective review) and Medical Director on annual basis.

REGIONAL CONTRACTOR does have uniform review criterion for conducting medical necessity determination post delivery of services.

REGIONAL CONTRACTOR does ensure consistent application of review criterion and compatible decisions that include inter-rater reliability criteria.

REGIONAL CONTRACTOR does not take action when criteria are not being applied in a consistent manner by retro-review staff.

**Documents Reviewed:**

CRS at St. Joseph's Prior Authorization Policy  
CRS at St. Joseph's Provider Service Requisition (PSR) Form  
CRS at St. Joseph's Inpatient Utilization Review Policy  
CRS at St. Joseph's Decertification of a Hospitalization Policy  
CRS at St. Joseph's Decertification Form  
CRS at St. Joseph's Inpatient Discharge Coordination Policy  
CRS at St. Joseph's Retrospective Review Policy  
CRS at St. Joseph's Retrospective Review Form



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**Medical Management**

**Comments:**

Annual inter-rater reliability training for utilization staff including the Medical Director is noted in the concurrent and retrospective review policies, but not in the prior authorization policy. Staff members described the approach for ensuring that new utilization reviewers are adequately trained, but those activities are not documented. There is no documentation of actions taken when criteria is not applied in a consistent manner.

**Recommendations:** None

**ADHS/OC SHCN  
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Medical Management**

**Standard:**

**MM 7**

REGIONAL CONTRACTOR has a process for effective concurrent review of the medical necessity of inpatient stays.

Citations: Contract #HP361008, RCPM Ch 80; AMPM Chapter 1000; Policy 1030; 1040; 1050 & 1060 and 42 CFR 438.236 (a), (b), (c); CRSA Process Monitoring Tools: Concurrent Review

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have qualified, professional medical staff to conduct review with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does ensure that the Regional Clinics utilize a standardized criterion for length of stay determinations.

REGIONAL CONTRACTOR concurrent review staff does have a process in place to communicate with the Regional Medical Director when a CRS member is found ineligible for a particular service or set of services.

REGIONAL CONTRACTOR does ensure that the Regional Clinic Medical Directors review, approve and sign all inpatient stay denial decisions.

REGIONAL CONTRACTOR has implemented policies that describe what relevant clinical information is to be obtained when making hospital length of stay decisions or level of care determination.

In 3 of 3 (100%) files reviewed, hospital stay denial decisions were made by the Regional Clinic Medical Director or physician designee.

REGIONAL CONTRACTOR does evaluate the consistency with which individuals involved in decision-making apply the standardized criteria.

REGIONAL CONTRACTOR does not take action when criteria are not being applied in a consistent manner.

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**Medical Management**

REGIONAL CONTRACTOR does not provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any member.

**Documents Reviewed:**

CRS at St. Joseph's Organizational Chart  
CRS at St. Joseph's Inpatient Utilization Review Policy  
CRS at St. Joseph's Decertification Policy  
CRS at St. Joseph's Inter-Rater Reliability Policy  
CHW Certificate for InterQual Training- Concurrent Review Nurse  
CRS at St. Joseph's Inter Rater Testing- All key RNs and Medical Director  
12 CRS at St. Joseph's Chart Reviews of Denial Decisions

**Comments:** None

**Recommendations:** None

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**Medical Management**

**Standard:**

**MM 8**

REGIONAL CONTRACTOR has implemented and monitors the concurrent review process.

Citations: Contract #HP361008, RCPM Ch 80; AMPM Chapter 1000, Policy 1030; 1040; 1050 & 1060 and 42 CFR 438.236 (a) (b) (c); CRSA Process Monitoring Tools: Concurrent Review

**Ratings: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR is using qualified, professional medical staff to conduct reviews (a physician, physician assistant, nurse practitioner and/or a RN/BSN) with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does have uniform review criteria for making hospital length of stay decisions

REGIONAL CONTRACTOR does evaluate the consistency with which individuals involved in decision-making apply the standardized criteria.

REGIONAL CONTRACTOR does specify timeframes and frequency for conducting concurrent review and decisions.

REGIONAL CONTRACTOR does specify that a review of an admission (not prior authorized) will be conducted within 1 business day after notification. The extension of a continued stay shall be assigned a new review date each time a concurrent review occurs.

REGIONAL CONTRACTOR does have a process in place for medical review by another physician qualified when a length of stay or hospitalization is determined to exceed standard medical guidelines or there is no support for level of care or medical necessity.

REGIONAL CONTRACTOR does specify that all denials for continued services shall be signed by the CRS Regional Medical Director.

REGIONAL CONTRACTOR does ensure that the Regional Clinics have a process to notify the requesting provider and member of a decision to deny, limit or discontinue authorization of service and the steps for appealing a decision.

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**Medical Management**

REGIONAL CONTRACTOR does not take action when criteria are not being applied in a consistent manner.

**Documents Reviewed:**

CRS at St. Joseph's Inpatient Utilization Review Policy  
CRS at St. Joseph's Decertification Policy  
CRS at St. Joseph's Letter of Extension  
InterQual Training Certificate (Concurrent Review RN)  
CRS at St. Joseph's Organizational Chart

**Comments:**

CRS at St. Joseph's does not have a standard concurrent review form; concurrent review findings are entered in rehab manager in a free form that does not have all required elements for concurrent review. This poses the risk of inconsistent documentation of findings. CRS at St. Joseph's should develop a standard concurrent review form.

**Recommendations:**

**ADHS/OC SHCN  
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**Medical Management**

**Standard:**

**MM 9**

REGIONAL CONTRACTOR makes Inpatient concurrent review decisions in a timely manner.

Citations: Contract #HP361008, RCPM Ch. 80; AMPM Chapter 1000; Policy 1030; 1040; 1050 & 1060 and 42 CFR 438.236 (a) (b) (c); CRSA Process Monitoring Tools: Concurrent Review

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does monitor and evaluate compliance with the established timelines for making the initial decision.

In 21 of 23 (91%) files reviewed, Regional Contractor met 1 business day timelines for concurrent review of admissions (not prior authorized);

In 67 of 111 (60%) files reviewed, Regional Contractor does not document a new review date each time a concurrent review occurred.

REGIONAL CONTRACTOR does not implement corrective action interventions when established timelines are not met.

**Documents Reviewed:**

CRS at St. Joseph's Inpatient Utilization Review Policy

CRS at St. Joseph's Decertification Policy

CRS at St. Joseph's Member Chart Review Files (List B-1)

**Comments:**

CRS at St. Joseph's Member Chart review shows significant compliance with meeting timelines to initiate a concurrent review process; however, CRS at St. Joseph's shows partial compliance with documenting a new review date each time a concurrent review is conducted which is a BBA, AHCCCS and CRSA requirement.

Files prior to January 2007 rarely contained dates for next review (These reviews were not considered in the above findings); with CRSA quarterly oversight, CRS at St. Joseph's revised and implemented its concurrent review process. Yet only 66% of concurrent

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reviews in 2007 contained a new documented concurrent review date. CRSA is aware that a new concurrent review nurse was recently employed by CRS at St. Joseph's. This action could improve concurrent reviews with proper training and monitoring.

**Recommendations:**

CRS at St. Joseph's must ensure that concurrent reviews meet required timelines; and document a new review date each time a concurrent review is conducted.

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**Standard:**

**MM 9A**

REGIONAL CONTRACTOR has a process for effective retrospective review of the medical necessity post delivery of services.

Citations: Contract #HP361008, RCPDM Ch 80; AMPM Chapter 1000; Policy 1020

**Ratings: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have policies, procedures, and standard criterion that govern how retrospective review shall be conducted.

REGIONAL CONTRACTOR does have qualified staff that includes an Arizona-licensed nurse/nurse practitioner, or physician with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does have a system for maintaining files/documentation in a secured location.

REGIONAL CONTRACTOR does use a standardized criterion to make retro review decisions for medical necessity.

REGIONAL CONTRACTOR ensures retro review staff and CRS Regional Medical Director attend Inter-rater Reliability testing annually.

REGIONAL CONTRACTOR ensures retrospective reviews for all emergency services.

REGIONAL CONTRACTOR does not utilize a retrospective review form containing all the essential elements to determine medical necessity for the emergency service.

- Determination of necessity of emergency service setting;
- CRS eligible diagnosis was relevant to emergency services;
- Services met the member's needs;
- Decisions on coverage and medical necessity are clearly document.



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**Documents Reviewed:**

CRS at St. Joseph's Retrospective Review Policy  
CRS at St. Joseph's Retrospective Review Form  
CRS Process Monitoring Tool—Retrospective Review  
Inter-Rater Testing of All Retrospective Review RN's including the Medical Director

**Comments:**

CRS at St. Joseph's Retrospective Review Policy is in compliance with CRSA requirements

**Recommendations:** None

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**Medical Management**

**Standard: MM 10**

REGIONAL CONTRACTOR promotes continuity and coordination through an ongoing source of primary care appropriate to his or her needs.

Citations: Contract #HP361008; AMPM Chapter 1000; Policy 1040; 1050 & 1060 42 CFR 438.236 (a) (b) (c); 42 CFR 438.208; and 42 CFR 438.240

**Rating: SUBSTANTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does demonstrate care coordination with the primary payor in order to assure all medically necessary care is provided when CRS Regional Clinic denies coverage.

REGIONAL CONTRACTOR does have policies and procedures to address coordination of member care, including protection of member's privacy.

REGIONAL CONTRACTOR does identify that each member has an assigned PCP.

48 of 54 or 88.8 % of the records reviewed contained documentation of identification of member's PCP.

REGIONAL CONTRACTOR does coordinate care with PCPs as needed to support quality medical management and prevent duplication of services.

38 of 54 or 71.4 % of the records reviewed contained documentation that coordination of care with PCPs occurred as needed to support quality medical management and prevent duplication of services.

REGIONAL CONTRACTOR does ensure for Title XIX/XXI enrolled persons, notification, consultation with, or disclosure of the following information to the person's PCP:

- Coordinate the placement of persons in out-of-state treatment setting,
- Any other events requiring medical consultation with the person's PCP.

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2 out of 2 out-of-state transfer (100%) charts reviewed showed evidence of coordination of care with referring sites;  
38 of 52 or 73.1% of the records reviewed for Title XIX/XXI enrolled members contained documentation of coordination of care with members' PCP.

REGIONAL CONTRACTOR does ensure its providers protect member's privacy when coordinating care with PCPs.

REGIONAL CONTRACTOR for Title XIX/XXI members does have an ETI form for members aging out from CRSA 60 days prior to their 21<sup>st</sup> birthday;

131 of 183 or 71.6 % (July 2006 thru March 2007) of AHCCCS Exhibit 520-2 were present for members aging out from CRSA.

**Documents Reviewed:**

CRS at St. Joseph's Prior Authorization Policy  
CRS at St. Joseph's Decertification of a Hospitalization Policy  
CRS at St. Joseph's Inpatient Discharge Coordination Policy  
CRS at St. Joseph's Care Coordination Overview Policy  
CRS at St. Joseph's Coordination of Care with Primary Care Provider Policy  
CRS at St. Joseph's Care Coordination Team Referral Policy  
CRS at St. Joseph's Transition to Adult Healthcare Policy and Procedure  
CRS at St. Joseph's Transition to Adult Healthcare Packet  
CRS at St. Joseph's Transition to Adult Healthcare survey Screens  
CRS at St. Joseph's Newsletters—(2/2007; 3/2007; 4/2007) Varied Transition To Adult articles  
CRS at St. Joseph's Cystic Fibrosis Letter—English/ Spanish  
AHCCCS Exhibit 520-2 form—ETI  
CRS at St. Joseph's Inter-Site Treatment and Transfer Policy  
CRS at St. Joseph's Transfer Form  
Transfer Log—submitted monthly in electronic format  
CRS at St. Joseph's Services Provided Outside the State of Arizona Policy (under revision)  
CRS at St. Joseph's ADHS Task 32 Performance Improvement Outcomes Report FY 2006

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**Medical Management**

CRSA ETI Transition Table...July 1,2006 to March 31, 2007

CRSA Care Coordination Chart List

17 Selected Chart Reviews (Prior Auth, Concurrent Review, Retrospective Review)

7 Random Chart Reviews- Clinical Guidelines

2 Out-of State Chart Reviews

28 Partial and Total Transfer Chart Reviews

131 ETI forms for Aging-Out Members

**Comments:**

Overall CRS at St. Joseph's has shown significant improvement in coordination of care for CRS members when figures are adjusted for care coordination with transfer sites and not PCP's. The above figures then become 25 of 26 or 96.2%, 24 of 26 or 92.3%, 26 of 26 or 100%,

**Recommendations:**

CRS at St. Joseph's must improve documentation to members' PCPs to support quality medical management.

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**Member Services**

<b>ADHS REVIEW TEAM:</b>	<b>Judith Walker, Division Chief of Programs Linda Hamman, Family/Youth Involvement Program Manager</b>
<b>CONTRACTOR STAFF:</b>	<b>Don Graf, Manager of Business Operations Myra Kingsley, Corporate Compliance Paulette Sawyer, Managed Care Manager Lisa Bonuff, Quality Management</b>
<b>DATE OF REVIEW:</b>	<b>May 22 - 24, 2007</b>

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**Member Services**

**Standard:**

**MS 1**

All materials in the New Member Orientation Packet have been approved by ADHS/CRSA.

Citations: 42 CFR 438.10; ADHS/Regional Contractor Contract #HP361008; RCPM Chapter 80.500; CRSA New Member Orientation Policy

**Rating: SUBSTANTIAL COMPLIANCE**

**Findings:**

All materials in the New Member Orientation Packet have been approved by CRSA.

REGIONAL CONTRACTOR does not distribute New Member Orientation Packet to members within ten (10) days of enrollment.

The New Member Orientation Packet does include the current member handbook.

The New Member Orientation Packet does include a comprehensive listing of providers and their languages spoken.

**Documents Reviewed:**

15 member medical charts

CRS at St. Joseph's Patient Screening Form

CRS at St. Joseph's New Member Orientation Packet

**Comments:** None

**Recommendations:**

CRS at St. Joseph's must document the distribution of the New Member Orientation Packet to members within ten (10) days of enrollment.

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**Member Services**

**Standard**

**MS 2**

REGIONAL CONTRACTOR shall notify affected members on a timely basis (15 days) when a provider leaves the network.

Citations: 42 CFR 438.10; ADHS/Regional Contractor Contract #HP361008; RCPPM Chapter 80.500; CRSA New Member Orientation Policy

**Rating: FULL COMPLIANCE**

**Findings:**

The REGIONAL CONTRACTOR does notify affected members on a timely basis when a provider leaves the network.

**Documents Reviewed:**

CRS at St. Joseph's Member letter template

Mail merge letter documentation

**Comments:** None

**Recommendations:** None

**ADHS/OC SHCN**  
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**Member Services**

**Standard**

**MS 3**

REGIONAL CONTRACTOR ensures that it notifies affected members of significant program changes at least 30 days prior to the effective date of the change.

Citations: 42 CFR 438.10; ADHS/Regional Contractor Contract #HP361008

**Rating: FULL COMPLIANCE**

**Findings:**

The REGIONAL CONTRACTOR does notify affected members of a significant program change at least 30 days prior to the effective date of the change.

**Documents Reviewed:**

CRS at St. Joseph's Member letter template

Mail merge letter documentation

**Comments:** None

**Recommendations:** None



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**Member Services**

**Standard:**

**MS 4**

REGIONAL CONTRACTOR complies with federal and state requirements concerning advance directives for all members.

Citations: 42 CFR 438.6; 42 CFR 438.10; 42 CFR 417.436(d); 42 CFR 422.128; 42 CFR 489.100; ADHS/Regional Contractor Contract #HP361008, Task 44; RCPM Chapter 80.502

**Ratings: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does maintain written policies and procedures for advance directives.

REGIONAL CONTRACTOR does document the member's decision about whether to develop (execute) an advance directive.

90% of records documented the member's decision about whether to develop (execute) an advance directive.

REGIONAL CONTRACTOR does provide written information on advance directives to members (or the family member(s)/surrogate(s) at the time of enrollment.

90% of records reviewed contained documentation that the member, family member or surrogate received written information on advanced directives.

REGIONAL CONTRACTOR does/does not provide written information on advance directives to members (or the family member(s)/surrogate(s) if the is incapacitated) upon initial enrollment and upon request.

\_\_\_% of records reviewed contained documentation that the member, family member or surrogate received written information on advanced directives. (Not Rated)

**Documents Reviewed:**

6 member medical charts

CRS at St. Joseph's Patient Screening Form

**Comments:** None

**Recommendations:** None

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**Member Services**

**Standard:**

**MS 5**

The REGIONAL CONTRACTOR offers a comprehensive training function sufficient to provide identified trainings to all personnel and service providers.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 9

**Ratings: SUBSTANTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does provide evidence of contracted training requirements.

REGIONAL CONTRACTOR does not provide evidence of a process in place to identify additional trainings needed.

**Documents Reviewed:**

Employee Education Hours printout

**Comments:**

CRS at St. Joseph's does show documentation of extensive trainings taken by staff.

**Recommendations:**

CRS at St. Joseph's must have a process in place to identify additional trainings needed.

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
ADMINISTRATIVE REVIEW TOOL 2007**

**Network Sufficiency**

**ADHS REVIEW TEAM:**

**Ashraf Lasee, Division Chief of Utilization and Medical Management  
Kristy Benton, Utilization Management Specialist**

**CONTRACTOR STAFF:**

**Cara Wright, M.D.  
Gifford Loda, Vice President  
Paulette Sawyer, Managed Care manager  
Myra Kingsley, Corporate Compliance  
Don Graf, Manager of Business Operations**

**DATE OF REVIEW:**

**May 22 – 24, 2007**

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**Network Sufficiency**

**Standard**

**NS 1**

REGIONAL CONTRACTOR maintains a provider network sufficient to provide adequate access to all covered services.

REGIONAL CONTRACTOR effectively maintains and monitors the sufficiency of its provider network, which includes, but is not limited to, current and anticipated enrollment, current and anticipated utilization of services, number of network providers, number of network providers not accepting new persons, and geographic location of providers.

Citations: 42 CFR 438.206(b)(1)(i) (ii) (iii) (iv) (v); ADHS/Regional Contractor Contract # HP 631008, Task 41; CRS Network Development and Management Plan; RCPPM Chapter 80

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does not effectively address any material gaps or deficiencies in the network, including, but not limited to, as described in the annual Provider Network Development and Management Plan and/or the Quarterly Network Status reports.

REGIONAL CONTRACTOR does report anticipated changes to their network in a timely manner to CRSA.

REGIONAL CONTRACTOR does monitor and effectively manage transitions necessitated by network changes to assure they occur in a manner that is least disruptive to the member.

**Documents Reviewed:**

CRS at St. Joseph's Policy: Changes to CRS Provider Network

CRS at St. Joseph's Provider Manual

Scheduled and Actual Visit, # of no-show and # of clinics cancelled by site and by specialty (March, 2007)

QM/UM Committee Meeting minutes, August 1, 2006, October 3, 2006, October 24, 2006, December 5, 2006

2006 Consult Activity Report, February 6, 2007, April 3, 2007

Business Plan: Pediatric Genetics Program Expansion

CRS at St. Joseph's correspondence with CRSA concerning Provider Network

Dr. Marcus, Dr. Purdy, Dr. Tarby, Dr. North

Member letter informing them of Provider Network change (no date)

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CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION  
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**Network Sufficiency**

Projected Member Months  
Anticipated Utilization of Services  
List of CRS Providers by Specialty  
List of providers not accepting new patients  
Geographic location of Providers  
List of Specialty Services  
Specialty Clinic Schedule, FY 2007  
Outreach Clinic Schedule, FY 2007

**Comments:**

CRS at St. Joseph's has all required policies and procedures and other documentation related to network, however, CRSA would like to see more efforts in place to for network sufficiency. Gap analysis has just been completed for the 3<sup>rd</sup> quarter, which indicates improvement in 45-day timeline for more clinics than before; however, there are still large gaps.

Timelines are affected by procedural issues; CRS at St. Joseph's has implemented a process to change the lag time to receive referrals from managed care. Consults are now being received on a daily basis.

**Recommendations:**

CRS at St. Joseph's must improve the efforts to meet 45-days timelines for member's referrals to specialty clinic appointments.

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**Network Sufficiency**

**Standard**

**NS 2**

REGIONAL CONTRACTOR ensures covered services are available and accessible to its eligible enrolled members receiving medical care; and provides for second opinion as necessary or requested.

Citations: CFR 438.206(b)(3); 42 CFR 438.206(b)(4) and (5); 42 CFR 438.206(c)(1)(iv-vi); ADHS/Regional Contractor Contract # HP 631008, Tasks 23 and 41

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does as necessary, or upon request, provide for a second opinion from a qualified health care professional who is an AHCCCS registered provider (in or out-of-network).

REGIONAL CONTRACTOR does provide the second opinions free of charge to individuals receiving medical care.

**Documents Reviewed:**

CRS at St. Joseph's Provider Manual Page 2

CRS at St. Joseph's Member Handbook

CRS at St. Joseph's Inter-Site Treatment & Transfer Policy

**Comments:** None

**Recommendations:** None

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**Network Sufficiency**

**Standard**

**NS 3**

REGIONAL CONTRACTOR arranges for an out-of-network provider to provide a necessary service when it is unable to provide the service in an adequate and timely fashion through a network provider.

Citations: ADHS/Regional Contractor Contract # HP 631008, Tasks 41; RCPDM Chapter 80

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does arrange for an out-of-network provider to provide a necessary service that it is unable to provide in an adequate and timely fashion.

REGIONAL CONTRACTOR does ensure that out-of network providers coordinate payment with REGIONAL CONTRACTOR; ensuring costs to member are no greater than if services were furnished within the network.

**Documents Reviewed:**

CRS at St. Joseph's Provider Manual Page 4-1

3 memos approving out-of-state services for CRS at St. Joseph's members

Payment agreement letter with Stanford Hospital and Clinics for provision of care for CRS at St. Joseph's member

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
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**Network Sufficiency**

**Standard**

**NS 4**

REGIONAL CONTRACTOR ensures that urgent pharmacy services are available to members during non CRS clinic hours.

Citations: 42 CFR 438.12; ADHS/Regional Contractor Contract # HP 631008, Task 27

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does provide pharmacy services available after hours, weekends and holidays.

**Documents Reviewed:**

CRS at St. Joseph's Member Handbook

CRS Covered Admission sheet for providing prescriptions to members discharged from the hospital

Policy for Pharmaceutical Services

**Comments:**

CRS at St. Joseph's has a contract with one Walgreen pharmacy for after hours, weekends and Holidays pharmacy refills; this contract will also be honored at all Walgreen pharmacies.

**Recommendations:** None



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**Network Sufficiency**

**Standard**

**NS 5**

REGIONAL CONTRACTOR maintains a non-discriminatory process for selection and retention of its providers.

Citations: 42 CFR 438.12; 438.214; 42 CFR 438.12(a) (1); ADHS/Regional Contractor Contract # HP 631008; RCPDM Chapter 80

**Rating: FULL COMPLIANCE**

**Finding:**

REGIONAL CONTRACTOR does effectively use written policies and procedures and all other available information to ensure the effective selection and retention of providers that includes:

- Nondiscrimination of providers that serve high-risk populations or specialize in conditions that require costly treatment,
- Exclusion of providers prohibited from participation in federal health care programs,
- Compliance with state requirements for credentialing and recredentialing.

**Documents Reviewed:**

CRS at St. Joseph's Provider Manual page 4-1

JCAHO Accreditation Certificate (2004-2007)

ADHS licensure for St. Joseph's Hospital and Medical Center

St. Joseph's Credentialing Packet for CRS includes: IPA Process for physicians providing CRS services; Letter to physicians requesting medical staff privileges at CRS; Physician Attestation Statement; Credentialing Procedures Manual

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
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**Network Sufficiency**

**Standard**

**NS 6**

REGIONAL CONTRACTOR does not discriminate against providers in terms of participation, reimbursement, or indemnification based solely on licensure or certification and provides reason for declining to contract with a provider.

Citations: 42 CFR 438.12; ADHS/Regional Contractor Contract # HP 631008; RCPM Chapter 80.

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have policies and procedures prohibiting discrimination against providers in terms of participation, reimbursement, or indemnification based solely on licensure or certification.

REGIONAL CONTRACTOR does give providers written notice of its reason when declining to contract with individual providers or groups of providers.

**Documents Reviewed:**

CRS at St. Joseph's Provider Manual page 4-1

St. Joseph's Credentialing Packet for CRS includes: IPA Process for physicians providing CRS services; Letter to physicians requesting medical staff privileges at CRS; Physician Attestation Statement; Credentialing Procedures Manual

**Comments:** None

**Recommendations:** None

**ADHS/OCSHCN  
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**Quality Management**

**CRSA REVIEW TEAM:**

**Dr. Mike Clement, CRSA Medical Director  
Stephen Burroughs, Division Chief for Quality Management  
Allen Anna, Quality Management Specialist  
Thara MacLaren, Research Analyst Manager  
Cheryl Figgs, QM Coordinator  
Marie Badr, QM Coordinator  
Heather Dunn, PIP Coordinator**

**CONTRACTOR STAFF:**

**Paulette Sawyer, Manager, Managed Care  
Gifford Loda, VP Pediatric Services  
Lisa Boruff, Quality/Case Manager  
Myra Kingsley, Corporate Compliance  
Martha Frisby, Clinical Manager**

**DATE OF REVIEW:**

**May 22 - 24, 2007**

**ADHS/OC SHCN  
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**Quality Management**

**Standard:**

**QM 1**

REGIONAL CONTRACTOR is staffed with sufficient appropriately qualified personnel (i.e. social workers, audiologist, speech-language pathologists, orthotists, prosthetists, pharmacists, physical therapists, occupational therapists, and other ancillary personnel) to carry out the functions and responsibilities of the CRS program.

Citations: ADHS/ /Regional Contractor Contract #HP361008, Task 20; RCPM Chapter 10.206; AMPM Chapter 900 Policy 910.C.5

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR is The Joint Commission accredited during the review period.<sup>1</sup>

- The Joint Commission certification lasts 3 years. Verify THE JOINT COMMISSION certification through website at <http://www.qualitycheck.org/consumer/searchQCR.aspx>

REGIONAL CONTRACTOR does the sufficient staff of appropriately qualified personnel to carry out the functions and responsibilities specified in a timely and competent manner.

REGIONAL CONTRACTOR does have evidence to support the hiring of qualified and experienced professionals.

REGIONAL CONTRACTOR does document in the member's file supervision of licensed professionals when supervision is required by the license.

REGIONAL CONTRACTOR does have an organizational chart.

**Documents Reviewed:**

The Joint Commission certificate

St. Joseph's Hospital and Medical Center is accredited by The Joint Commission from 2004 to 2007.

**Comments:**

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<sup>1</sup> If the regional CRS is accredited by The Joint Commission the standard is met and no additional findings necessitate review.

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**Quality Management**

Standard and findings are met. CRS at St. Joseph's is Joint Commission accredited.

**Recommendations:** None

**ADHS/OCSHCN  
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**Quality Management**

**Standard:**

**QM 2**

REGIONAL CONTRACTOR'S Peer Review process is clearly defined.

Citations: AMPM Chapter 900, Policy 910.C.4

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does make providers aware of the peer review process.

REGIONAL CONTRACTOR does make providers aware of the peer review grievance/appeal procedure.

REGIONAL CONTRACTOR'S medical director or his/her designee does/does not participate in the CRSA peer review committee.  
(Not applicable. No peer review conducted during the review period)

REGIONAL CONTRACTOR does/does not implement recommendations made by CRSA's Peer Review Committee.  
(Not applicable. No peer review conducted during the review period)

**Documents Reviewed:**

CRS at St. Joseph's Orientation Provider Manual

**Comments:**

CRS at St. Joseph's has adopted CRSA's Peer Review process.

**Recommendations:** None

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**Quality Management**

**Standard:**

**QM 3**

REGIONAL CONTRACTOR maintains a health information system that reports and submits data as required by CRSA.

Citations: RCPM Chapter 50.208; AMPM Chapter 900, Policy 910.C.7, 940.2.a.2; 42 CFR 438.242

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does verify the accuracy and timeliness of reported data.

REGIONAL CONTRACTOR does screen the data for completeness, logic and consistency.

REGIONAL CONTRACTOR does collect service information in standardized formats to the extent feasible and appropriate.

REGIONAL CONTRACTOR'S Health Information System does include required demographic information (member's name, address, telephone number, AHCCCS identification number, CRSA identification number, gender, age, date of birth, marital status, next of kin, and if applicable, guardian or authorized representative).

REGIONAL CONTRACTOR'S Health Information System does include provider characteristics (provider identification number).

REGIONAL CONTRACTOR'S Health Information System does include services provided to recipients.

REGIONAL CONTRACTOR'S Health Information System does include other information necessary to guide the selection of, and meet the data requirements for PIPs and QM/PI oversight.

REGIONAL CONTRACTOR does ensure confidentiality of protected health information.

**Documents Reviewed:**

CRS at St. Joseph's monthly Claim Accuracy/Data Integrity Reports

FY 07 Key Indicators - Data Management

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**Comments:**

CRS at St. Joseph's submits a monthly Claims Accuracy/Data Integrity Report. For the review period, Phoenix CRS had a 99.31% accuracy rate. The total percentage of Encounters accepted by CRSA during the review period was 85.02%.

**Recommendations:** None



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**Quality Management**

**Standard:**

**QM 4**

REGIONAL CONTRACTOR oversees and maintains accountability for all functions or responsibilities delegated to other entities.

Citations: RCPM Chapter 80.300; AMPM Chapter 910.A.1.h, 910.C.6, and 950.3; 42 CFR 438.230

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does have a written agreement that specifies activities and report responsibilities designated to the subcontractor.

REGIONAL CONTRACTOR does ensure that a written agreement that provides for revoking delegation or imposing other remedies/sanctions if the subcontractor's performance is inadequate.

REGIONAL CONTRACTOR does not monitor the delegated entity on an ongoing basis and reviews them formally at least annually.

REGIONAL CONTRACTOR does not ensure that the subcontractor implements corrective action if any deficiencies are identified.

REGIONAL CONTRACTOR does not have evaluation reports and CAP documentation, as necessary, to ensure quality for all delegated activities.

**Documents Reviewed:**

Orthotic and Prosthetic Services Agreement, Durable Medical Equipment Agreement between St. Joseph's Hospital and Apria.

Children's Rehabilitative Services Subcontract between Catholic Healthcare West and Phoenix Children's Hospital

Children's Rehabilitative Services Subcontract between Catholic Healthcare West and Banner Health

CRS Administrative Meeting minutes

CRS Ad Hoc Committee Meeting agenda

CRS QM/UM Committee minutes

Meeting notes APRIA and CRS

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**Quality Management**

**Comments:**

Evidence was provided of ongoing monitoring of contracted services for utilization management, however analysis and thresholds for corrective action is limited. (Example: QM/UM Meeting 8/8/06 discusses comparing PCH to St. Joes cardiac efficiency & LOS, however no further evidence of analysis or corrective action is evident thereafter)

CRSA suggest "actions" should be time limited for reporting back within committee structure.

Evidence was provided of Children's Rehabilitative Services at St. Joseph's Hospital Phoenix interaction and planning for transition and improvement of DME services. However, CRSA was unable to determine quality of care data was monitored. This finding is evidenced by the fact QOC concerns are an identified element in the "CRS Ad Hoc Committee Meeting" however, there is a complete lack of data reported. Additionally, the DME service provider is excluded from the list.

**Recommendations:**

Children's Rehabilitative Services at St. Joseph's Hospital Phoenix should consider developing a policy/process for monitoring its delegated entities on an ongoing basis.

Children's Rehabilitative Services at St. Joseph's Hospital Phoenix must formalize an annual review of its delegated entities.

Children's Rehabilitative Services at St. Joseph's Hospital Phoenix must ensure that the subcontractor implements corrective action if any deficiencies are identified.

Children's Rehabilitative Services at St. Joseph's Hospital Phoenix must have CAP documentation, as necessary, to ensure quality for all delegated activities.

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**Quality Management**

**Standard:**

**QM 5**

REGIONAL CONTRACTOR has a process for reviewing and evaluating quality of care complaints and allegations.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 32; RCPM Chapter 60.200 and 80.302; AMPM Chapter 900, Policy 910 and 960. 5; 42 CFR 438.240

**Rating: PARTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does not ensure quality of care complaints received anywhere in the organization are referred to Quality Management for investigation and resolution.

REGIONAL CONTRACTOR does have a system in place for monitoring and oversight of the quality of care process.

**Documents Reviewed:**

Grievance Policy for CRS at St. Joseph's

Hospital records for six CRS members with re-admission in less than 30 days from discharge.

**Comments:**

CRSA Utilization Management identified 6 potential quality-of-care issues which were not identified by CRS at St. Joseph's.

**Recommendations:**

CRS at St. Joseph's hospital must implement its procedure for identifying quality of care issues identified anywhere within the care system.

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**Quality Management**

**Standard:**

**QM 6**

REGIONAL CONTRACTOR resolves quality of care/service issues communicated by enrolled member and contracted providers.  
Citations: ADHS/Regional Contractor Contract #HP361008, Task 32; AMPM Chapter 910, 920, and 960; 42 CFR 438.214

**Rating: SUBSTANTIAL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR has been found to be 87.57% percent compliant with AMPM requirements after review of 30 quality-of-care files.

REGIONAL CONTRACTOR has developed an action plan to reduce/eliminate the likelihood of a complaint/abuse reoccurring.

REGIONAL CONTRACTOR does communicate the resolution of the concern to the member/member's guardian.

REGIONAL CONTRACTOR has determined and implemented appropriate interventions.

REGIONAL CONTRACTOR does not monitor the success of interventions developed as a result of recipient complaint/abuse issues.

REGIONAL CONTRACTOR does incorporate successful interventions into the QM program or assign new interventions/approaches when necessary.

**Documents Reviewed:**

Grievance Policy for Children's Rehabilitative Services at St. Joseph's Hospital - 30 QOC files reviewed

**Comments:**

Children's Rehabilitative Services at St. Joseph's Hospital should ensure reporting to regulatory agencies such as the Board of Pharmacy in Case # 2006-250.

**Recommendations:**

CRS at St. Joseph's must establish a process to monitor the success of interventions implemented to address QOC concerns.

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**Quality Management**

**Standard:**

**QM 7**

REGIONAL CONTRACTOR has a process in place for improving CRSA defined performance measures and continually improves its performance measure outcomes.

Citations: ADHS//Regional Contractor Contract #HP361008, Task 32; 42 CFR 438.240 (b)(2) and (c)

**Rating: NON-COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does not submit accurate performance measurement data to enable them to measure REGIONAL CONTRACTOR's performance (below 85% accuracy results in non-compliance).<sup>2</sup>  
(77.3% accuracy of performance measure data)

REGIONAL CONTRACTOR does not meet the minimum performance levels.

REGIONAL CONTRACTOR does submit timely performance measurement data to enable CRSA to measure REGIONAL CONTRACTOR's performance.  
(below 90% in timeliness results in non-compliance).

REGIONAL CONTRACTOR does not develop and implement corrective actions to improve performance.

**Documents Reviewed:**

New Member Enrollment Worksheet

Performance Improvement Charts/Results July 1, 2006 to March 31, 2007.

30 medical records reviewed

**Comments:**

Performance Standards July 1, 2006 to March 31, 2007

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<sup>2</sup> If regional contractor does not meet the accuracy standard then the regional contractor automatically does not meet the next standard on minimum performance levels.

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**Quality Management**

10 Day Performance Measure (Preliminary Eligibility):	69.1%
10 Day Performance Measure (Preliminary Ineligibility):	47.7%
10 Day Performance Measure (Incomplete Referral Form):	74.5%
30 Day Performance Measure (Timeliness of Initial Evaluation):	28.9%
45 Day Performance Measure (First Appointment with CRS Specialty Provider):	33.4%

CRS at St. Joseph's is currently under a CAP for 10 day preliminary determination of medical eligibility, 10 day preliminary ineligibility, and 30 day timeliness of initial evaluation for the performance measure standards.

CRS at St. Joseph's is under a notice-to-cure for the 10 day preliminary ineligibility and 30 day timeliness of initial evaluation performance measure standards.

**Recommendations:**

CRS at St. Joseph's must ensure the accuracy of the performance measure data submitted in order for the minimum performance measure to be considered valid.

CRS at St. Joseph's must maintain a performance score of 75% or higher on all performance measures.

Phoenix CRS must develop and implement corrective actions to obtain, at least, the minimal performance standards.

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**Quality Management**

**Standard:**

**QM 8**

REGIONAL CONTRACTOR participates and supports all CRSA Performance Improvement Projects that focus on clinical and non-clinical areas.

Citations: ADHS/ Regional Contractor Contract, Task 32; RCPMP Chapter 60.200 and 80.300; 42 CFR 438.240(b)(1) and (d)

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does implement system interventions to achieve improvement in quality.

REGIONAL CONTRACTOR does initiate activities for increasing or sustaining improvement.

REGIONAL CONTRACTOR does participate in PIP activities.

REGIONAL CONTRACTOR does have assigned PIP Coordinator/Lead.

REGIONAL CONTRACTOR does provide timely and accurate performance improvement data/records as requested per CRSA.  
(Clinic has provided 100% of records requested for review for indicator measurements).

**Documents Reviewed:**

No-Show Policy, Transition Policy (revised, in draft format), Non-Utilization PIP Meeting Minutes

**Comments:**

CRS at St. Joseph's has demonstrated compliance with all items and has implemented the processes necessary to improve PIP indicators. Staff members have responded promptly to all requests and have actively participated in all meetings and trainings.

**Recommendations:** None

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**Quality Management**

**Standard:**

**QM 9**

REGIONAL CONTRACTOR'S medical board reviews all credentialing/re-credentialing and provisional credentialing policies.  
Citations: ADHS/Regional Contractor Contract #HP361008, Task 32; AMPM Chapter 900.950; 42 CFR 438.214

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR is THE JOINT COMMISSION accredited during the review period.<sup>3</sup>

- THE JOINT COMMISSION certification lasts 3 years. Verify THE JOINT COMMISSION certification through website at <http://www.qualitycheck.org/consumer/searchQCR.aspx>

REGIONAL CONTRACTOR does have a credentialing process that is defined to meet the CRSA and AHCCCS requirements.

REGIONAL CONTRACTOR does have a process for granting, renewing, or revising setting-specific clinical privileges.

REGIONAL CONTRACTOR does identify the Medical Director or designated physician as being responsible for oversight of the credentialing and re-credentialing and provisional decisions.

REGIONAL CONTRACTOR does identify the role of the credentialing committee.

**Documents Reviewed:**

The Joint Commission certificate  
CRS at St. Joseph's is accredited by The Joint Commission from 2004 to 2007.

**Comments:**

CRS at St. Joseph's is Joint Commission accredited.

**Recommendations:** None

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<sup>3</sup> If the regional CRS is accredited by The Joint Commission the standard is met and no additional findings necessitate review.



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**Quality Management**

**Standard:**

**QM 10**

REGIONAL CONTRACTOR must ensure implementation of credentialing, re-credentialing and provisional credentialing of the providers in its subcontractors' provider network.

Citations: ADHSA/Regional Contractor Contract #HP361008, Task 32; AMPM Chapter 900. 950; 42 CFR 438.214

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR is The Joint Commission accredited during the review period.<sup>4</sup>

- The Joint Commission certification lasts 3 years. Verify The Joint Commission certification through website at <http://www.qualitycheck.org/consumer/searchQCR.aspx>

REGIONAL CONTRACTOR has been found to be compliant with the AMPM credentialing/re-credentialing requirements.

REGIONAL CONTRACTOR does appropriately credential its providers with which it contracts.

REGIONAL CONTRACTOR does meet all of the re-credentialing requirements.

REGIONAL CONTRACTOR does have an appeals process and a mechanism to inform the provider of the appeals process.

**Documents Reviewed:**

THE JOINT COMMISSION certificate

CRS at St. Joseph's is accredited by The Joint Commission from 2004 to 2007.

**Comments:**

Standard and findings are met. CRS at St. Joseph's is Joint Commission accredited.

**Recommendations:** None

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<sup>4</sup> If the regional CRS is accredited by The Joint Commission the standard is met and no additional findings necessitate review.

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**Quality Management**

**Standard:**

**QM 11**

REGIONAL CONTRACTOR meets delivery dates for medical eligibility denials and care coordination upon first visit.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 6, Task 11; RCPPM Chapter 20.401, 20.403, 80.407

**Rating: NON-COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR does not send a consultation report to the referring physician and health plan/program contractor within 30 days of the first clinic visit.

(35.7% of the medical records reviewed demonstrated evidence that the consultation reports were sent to the referring physician and health plan/program contractor within 30 days of the first clinic visit)

REGIONAL CONTRACTOR does not have a determination process for members participating in the CRS programs including a process for the 10 working day approval notice to the referring physician and health/plan program contractor.

(66.7% of the medical records reviewed demonstrated evidence that the approval notices to the referring physician and health/plan program contractor were sent within 10 working days)

REGIONAL CONTRACTOR does not have a determination process for members participating in the CRS programs including a process for the 5 day denial notification to the health plan/program contractors and providers.

(58.3% of the denial notification letters were sent to the health plan/program contractors and providers within 5 days)

**Documents Reviewed:**

30 Medical Records reviewed

**Comments:**

5 medical records demonstrated that the consultation report was sent to the referring physician and health plan/program contractor within 30 days of the first clinic visit out of 14 clinical visits. 12 medical records out of 18 met the 10 working day approval notification. 7 of 12 medical records demonstrated the denial notification was sent to the health plan/program contractors and providers within 5 working days

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**Recommendations:**

CRS at St. Joseph's must ensure the consultation report is sent to both the referring physician and health plan/program contractor within 30 days of the first clinic visit and is documented in the medical record.

CRS at St. Joseph's must ensure the approval notices are sent to both the referring physician and health/plan program contractor within 10 working days and are documented in the medical record.

CRS at St. Joseph's must ensure eligibility denial notifications are sent to both the referring physician and health plan/program contractor within 5 working days of denial determination and are documented in the medical record.

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**Quality Management**

**Standard:**

**QM 12**

REGIONAL CONTRACTOR has implemented a process to ensure that medical records are accurate, current, and confidential.

Citations: RCPM Chapter 70.101; AMPM Chapter 940

**Rating: FULL COMPLIANCE**

**Findings:**

REGIONAL CONTRACTOR is The Joint Commission accredited during the review period.<sup>5</sup>

- The Joint Commission certification lasts 3 years. Verify The Joint Commission certification through website at <http://www.qualitycheck.org/consumer/searchQCR.aspx>

REGIONAL CONTRACTOR does have a process to ensure the organization and its providers have information required for:

- Effective and continuous patient care through accurate medical record documentation of each member's health status, changes in health status, health care needs, and health care services provided,
- Quality review, and
- The conduct of an ongoing program to monitor compliance with those policies and procedures.

REGIONAL CONTRACTOR has implemented a process to ensure a complete, accurate, and timely medical record.

REGIONAL CONTRACTOR does have a process to ensure confidentiality of protected health information.

**Documents Reviewed:**

CRS at St. Joseph's is accredited by Joint Commission from 2004 to 2007.

**Comments:**

CRS at St. Joseph's is Joint Commission accredited.

**Recommendations:** None

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<sup>5</sup> If the regional CRS is accredited by The Joint Commission the standard is met and no additional findings necessitate review.